

CHEMIST & DRUGGIST

The newsweekly for pharmacy

a Benn publication

December 19/26 1981

Grocers grow at chemists' expense, say Nielsen

Biggest rise in pharmacy openings for some years

Therapeutic advances during 1981



A woman with dark hair tied back is smiling while holding a baby close to her. To the left of the woman is a clear plastic Freflo feeding bottle with a yellow teat and a yellow cap. The word "freflo" is printed in lowercase letters on the side of the bottle.

Why you should go for a slim waistline.

This is the shape of feeding bottle sales. The highly identifiable shape of a Freflo polycarbonate bottle.

This year we're promoting bottles in a bigger way than ever before with colour pages, in all the mother and baby magazines.

The shape focuses attention on the many important features that set Freflo apart.

Like the rimless neck that's more hygienic and easier to clean. The polycarbonate surface that's fully boilable and virtually unbreakable. And the choice of teats which develops through all stages of feeding.

Make sure your customers are able to get hold of Freflo, the feeder with the slim waistline, by ordering your supplies early.

NURSERY
by Griptight
Little things mean a lot.

Lewis Woolf Griptight Ltd., 144, Oakfield Road, Birmingham B29 7EE. Telephone: 021-472 4211.



A vertical stack of Freflo product packaging. From top to bottom: a small yellow teat, a white plastic bottle with a yellow cap, a blue box labeled "NURSERY by Griptight freflo feeder", and a red plastic cup.

PHOLCOMED - COUGH CONFOUNDER



An invitation to inadvertently deprived pharmacists.

Please protest.

Within days of this advertisement's appearance, many pharmacists will be aware of what lies behind the four illustrations reproduced above.

Others will not.

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So use our anti-deprivation coupon. It will bring you everything else you need to know, plus a Pholcomed sample.

PHOLCOMED COUGH CONFOUNDER

To Medo Chemicals Ltd., The Limes, 130 High Street, Chesham, Bucks HP5 1EF.

I am annoyed not to have received details of how we may participate in the dramatic Pholcomed sales campaign this autumn and winter. Please send same, with a Pholcomed sample.

Name _____

Pharmacy _____

Address _____



Incorporating Retail Chemist

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Independence

As 1981 draws to a close, the prospects for independent retail pharmacy look somewhat less than rosy. The Henley Centre economic forecast published by C&D last week had little in the way of comfort to be derived from an upturn in consumer buying power — and hinted strongly that whatever money there is will more than likely go in the direction of the one-stop shopping complex. Henley had few words of useful advice for the independent, other than "specialise in areas of strength." And this week, Nielsen say very much the same thing (p1136).

Looking to the future for the grocery trade Nielsen conclude that "big is certainly beautiful." However, as the most successful stores require more selling area and car parking space, the majority of customers travel by car or public transport to a decreasing number of outlets.

And it is here that a crumb of comfort can be found by the independent. "Paradoxically" say Nielsen, "this concentration of grocery sales in a smaller number of outlets may increase the need for the local grocery shop. Although often open when other shops have closed, and situated at walking distance from consumers' homes, the local store is usually unable to compete in terms of product choice and price. But it still offers a service which today's consumer must appreciate. Nevertheless, in order to survive, the smaller shops will have to capitalise on these assets."

It isn't much and, despite what Nielsen say, the success depends totally on the independent's ability to stay at least within range of the multiple on price — sufficiently close, that is, to make the "local" shop attractive for everything other than the weekly (or even less frequent) shopping expedition. And that is where the manufacturer must come in.

Advising manufacturers who do not have a large grocery sale force, Nielsen

COMMENT

offer encouragement from the fact that a high proportion of toiletry sales in grocers go through the larger outlets. For example, a mere 297 superstores account for a quarter of grocery sales in most toiletries markets and 30 per cent of conditioners. "It is therefore possible for specialist toiletry manufacturers to expand their business into grocers by concentrating on a relatively small number of outlets."

If manufacturers take that advice at face value some, at least, will dig their own graves as the competition for shelf space and price advantage puts the big retailer in the position of judge and jury on a product's future. Manufacturers *need* a healthily independent sector, as do the disadvantaged members of the community) but the sector's survival is almost totally at the mercy of their sell-in pricing policies.

Perhaps "I will remember the needs of the independent and the consumer" would be an appropriate New Year resolution to hang on the wall of every marketing manager in 1982. ■



Seasons Greetings

The next issue of *Chemist & Druggist* will be dated January 2 and will go to press on Tuesday, December 29. All copy for this issue must be in our hands by Wednesday, December 23 (the offices will be closed on December 24).

C&D extends seasonal greetings to all subscribers and advertisers, with the hope that the New Year will bring both personal health and happiness and success in whatever business activity they may be engaged.

Grocers grow at chemists' expense

Grocers continued to take trade from specialist shops — such as retail pharmacies — in 1980, according to the annual review of grocery trading by the A.C. Nielsen research organisation. And some toiletry markets, such as toothpaste and toilet soaps, have now "almost become traditional grocery lines due to continuous merchandising and promotion."

Articles in the latest *Nielsen Researcher* also record that at the other end of the scale grocers are beginning to show an interest in such markets as hand preparations and hair colourants, pointing out that two large retail grocery groups have recently brought out their own ranges of toiletries and cosmetics.

Nielsen provide the following tables for sterling value of five toiletry categories in the 12 months to September 1981:

	Toothpaste	Shampoos	Deodorants	Hair conditioners	Hand preparations
Grocers	71.7	60.8	46.1	36.4	26.6
Drug stores/Woolworth	13.3	16.6	24.6	26.4	21.2
Pharmacies	15.0	22.6	29.3	37.2	52.2

In the general review of grocery trading in 1980 Nielsen say that sales were up 14 per cent on 1979, compared with food inflation of only 12 per cent. This is due not only to taking trade from other retailers and a continuing trend towards one-stop shopping, but also to a rationalisation of multiple stores (closure of smaller stores giving impetus to the opening of larger ones with a greater variety of products); expansion of Asda and Sainsbury, for example, into new geographical areas; the success of superstores; the consumer's desire to

obtain the best possible value for money in times of recession (a desire which grocery efficiency is designed to meet), and expansion of some strong grocery markets.

Nearly 1,000 shops in the Co-operative and multiples sector closed during 1980 — but the multiples increased their cash off-take by 17.4 per cent by taking share from Co-operatives, major symbols and other independents.

Fewer new products sold through grocers were launched in 1980 than 1979 — 662 compared with 719. Included in these numbers is a substantial fall in toiletry and household products introductions: toiletries from 160 to 125 and household products from 56 to 29. Other figures of interest to the pharmacist were medicinal products 47 to 42 and pet products — up from 5 to 15. ■

number. They do not carry a brand name or the name of the manufacturer. They are non-adhesive and are used as absorbent wound dressings. The Department advises that any such dressings should be destroyed. Testing of further dressings is being carried out.

The dressings are labelled and packed as follows:

No 7 "Sterilized lint dressing small BPC", No 8 "Sterilized lint dressing medium BP", and No 9 "Sterilized lint dressing large BP" — cartons red (main colour), white and blue with small logo in the shape of a lamb in corner above "Twist carton to break perforation". Inner packs carry details of sterilization. No 12 "Sterilized large burn dressing BPC" — carton broad red strip on red and white chequered background. No 13 "Small plain wound dressing sterile BPC" — white (main colour) and red label covering blue outer wrapping, white "13" on red circle. No 13 "Small plain wound dressing sterilized BPC" "ML No. DL 1025M (WB/IND)" (in small print on white edge of label) — green, blue and white label stuck on blue outer wrapping. No 13 "Small plain wound dressing sterile BPC" — pink and blue label with picture of nurse's head, covering white wrapping. No 14 "Medium plain wound dressing sterile BPC" — Green and blue label with picture of nurse's head, covering blue wrapping. Also light and dark blue label with picture of nurse's head, covering white wrapping. No 16 "Sterilized eye pad with bandage BPC" — carton red (main colour), white and blue with small logo in the shape of a lamb in corner above "Twist carton to break perforation". ■

'Sterile' dressings found contaminated

The Department of Health has issued a warning that some imported sterile dressings have been found to be contaminated with bacteria. They usually form part of kits kept for first-aid purposes — in factories, offices or the home.

The dressings are generally labelled Standard Dressing BPC or BP and have a

FPC defends coach service to surgery

The coach service organised by a dispensing doctor practice to bring people to Byfield, near Daventry, was discussed by Northamptonshire FPC at a meeting on December 10 (see *C&D*, December 5, p1041). The FPC had been asked to comment on the service by Woodford-cum-Membis Parish Council.

A spokesman for the FPC said that members felt they had no right to interfere with the service. The practice had applied to close a number of branch surgeries 18 months ago, and although there had been a lot of public opposition, permission had been given to close all but two.

The policy of the FPC is to encourage centralisation of medical services, said a spokesman, and suggested the coach service was one way of overcoming the difficulty of getting to the surgery. ■



Biggest increase in premises this year

A net gain of 40 shops was shown on the Pharmaceutical Society's list of registered premises for November. This is the largest gain so far this year bringing the number of pharmacies in Great Britain to 10,703.

A total of 56 new shops joined the register, 50 in England (12 in London), five in Scotland and one in Wales. There were 16 closures, 14 in England (two in London) and one each in Scotland and Wales. There has been a net gain of 90 premises for the year to date. ■

Premises fees up

Regulations have been published which increase registration fees for pharmacies from January 1, 1982.

The fee for registration of premises is increased from £60 to £64 (from £21 to £30 in Northern Ireland), the premises retention fee goes up from £35 to £37.50 (from £21 to £27 in NI), and the penalty for failure to pay retention fees goes up to £27 (£20 in NI). These fees are specified in The Medicines (Pharmacies) (Applications for Registration and Fees) Amendment Regulations 1981 (SI 1981, No 1713, HMSO, £0.30). ■

Medicines account for 9pc of NHS

Pharmaceutical services represented 9.4 per cent of total NHS expenditure in 1980, according to the new Office of Health Economics Compendium of Health Statistics, published this week. This proportion compares with 10.1 per cent in 1979, 10.4 per cent in 1969 and 10.2 per cent in 1959.

OHE estimates that at manufacturers' prices all spending on NHS medicines (including that in hospitals) will represent only 9 per cent of total NHS outlay in 1981. Other OHE statistics are:—
□ The total of 374 million prescriptions dispensed in 1980 is expected to fall to 372m in 1981. Of these 75 per cent will be exempt from charges compared to 54 per cent in 1970.

□ The gross cost of the NHS will exceed £13,000m in 1981 — £240 per head of population.

□ The NHS now accounts for some 6 per cent of the gross national product against 5.5 per cent in 1975, 4.1 per cent in 1965 and 3.6 per cent in 1955. However France spends 7.2 per cent of GNP on health care and the US 9 per cent.

□ There were a record number of UK general medical practitioners in 1980 — 28,000 with a new low average list of under 2,200 patients.

Compendium of Health Statistics, 4th edition, OHE, 12 Whitehall, London SW1A 2DY. Price £12. ■



And you say you're under stress, madam

'Employment status' affects headaches

"Employment status" is seen as a factor contributing to the incidence of headaches in the adult population in a Gallup survey on headaches — the highest incidence (83 per cent), is among those working part time and most of those are women.

The Gallup survey says five out of ten women gave stress and tension as the principle causes of their headaches compared with only three out of ten men. Another major cause quoted by 15 per cent of men but by almost no women was hangovers — particularly by men in the 16 to 24 years age bracket.

The predominant factor cited by the 74 per cent of women and 55 per cent of men suffering from headaches is stress and tension followed by eyestrain and noise. Optrex sponsored the survey. ■

Fourth piece to Tesco jigsaw

Nina Barnes Ltd have been operating a pharmacy concession in the recently-redeveloped Tesco supermarket at Stevenage since November 18 — this is the fourth pharmacy to be operated within a Tesco store.

Nina Barnes are based in Welwyn, Hertfordshire and run ten pharmacies. Mr A.S. Barnes told C&D that the company had been looking at the possibility of opening a new pharmacy in Stevenage town centre for some time because it felt there was an opening for another go-ahead independent in the town. (There is one other independent and a large Boots): "I can't see a better way to compete with a national multiple. To open a concession in a major shopping environment seemed logical."

The 850 sq ft concession replaces the wine shop in the redevelopment and is sited on the right of, and near to the main entrance. Mr Barnes says his company is following changing shopping patterns: "It

is a perfectly realistic policy, just like establishing a pharmacy near a doctor's group practice. We are following a perfectly legitimate evolutionary process."

C&D understands that no other Tesco pharmacy concession exists or is planned at the moment other than at Chatham, early in 1982 (November 21, p 952). ■

Unichem ready to fight new law

Unichem are so confident of the outcome of their proposed action against the Department of Health — claiming that members' profit share cannot be counted as discount for NHS remuneration purposes — that they are now preparing their case against any plans the DHSS may have to change the law after the final court case.

A further Unichem statement on the issue this week says that such a change in the law was mentioned by the DHSS at its meeting with Unichem on September 24. "If the DHSS had confidence in its interpretation of the law, why the need for change?"

Unichem reiterate their belief that Macarthys' intervention in the case is to the advantage of neither party and that the longer the delay, the more members will recover from the DHSS. ■

Macarthys' survey

Macarthys have asked other major wholesalers whether they support their legal action to bring the Unichem-DHSS case into court. A spokesman for the company, Mr Albert Slow, told C&D this week that response to the question "Do you agree that the matter is of concern to the whole industry?" had been entirely positive. Macarthys are not, however, asking other wholesalers to become involved in the action.

The National Association of Pharmaceutical Distributors appears powerless to act in this dispute because both Unichem and Macarthys are members. ■

Norfolk LPC want higher BPA and on-cost in new contract

The Norfolk Local Pharmaceutical Committee will support the Pharmaceutical Services Negotiating Committee proposals for a "simplified" contract at the March LPC conference but only if a major amendment is incorporated — that the Practice Allowance be increased to the region of £4,500 per annum with an adjustment to the proposed fee structure and the retention of a significant on-cost.

A special meeting of Norfolk area chemist contractors at the end of November was attended by some 30 delegates representing around 50 pharmacies. Mr David Coleman, the chairman, outlined the new proposals and drew attention to the simplification of the contract. He suggested that it could promote rational location by introducing various economic factors.

The secretary then explained the balance sheet position and emphasised that, essentially, the proposals were concerned with the distribution of the monies negotiated. He said the current method of obtaining the funding would continue — labour, overheads, interests, and profit.

During a detailed discussion it was emphasised that the advantage of a high practice allowance would deter "leapfroggers" and encourage pharmacies to open in areas where doctors dispensed. Many present felt that on-cost was a built in hedge against inflation — they doubted that a government would correctly estimate the coming years' inflation in settling a "global sum", whereas, if inflation were higher than anticipated, the on-cost would provide an instant up-dating of costs.

Concern was expressed that where a contractor had a high net ingredient cost because local doctors prescribed three months supplies at a time, the contractor would be seriously disadvantaged without an on-cost element. There was a feeling that on-cost recognised the high capital involved in handling expensive items, e.g. colostomy equipment which did not qualify for discount. ■

Second Sense in trademark ban

Two Sheffield-based wholesalers were temporarily banned by a High Court judge in London last week from infringing one of Chanel Ltd's trade marks.

Mr Julian Jeffs QC, sitting as a deputy High Court judge, granted an injunction against Direct Cosmetic Sales Ltd, and Pricecheck Toiletries Ltd, both of Unit 10, Royal London Industrial Estate, Fieldhouse Way, Petre Street, Sheffield.

The injunction bans them until full trial of Chanel's action against them from selling or dealing in perfumes or other products which are not genuine Chanel goods under the marks No 5 or 5.

The judge was told that whereas a bottle of Chanel No 5 retailed at £11.95, the equivalent from the Sheffield wholesalers' "Second Sense" range cost only 99p. After seeing samples the judge said the similarities were so striking that confusion was likely.

It was admitted that the "Second Sense" products were meant to be similar to the Chanel goods but the Sheffield wholesalers had overstepped the line although the evidence would have to be fully examined at a trial.

The Sheffield wholesalers also agreed to hand over to Chanel's solicitors their stocks of the disputed perfume and to supply them with a list of their customers and suppliers. Their lawyers said later that the order would not affect sales of other numbers in their "Second Sense" range — namely 1 and 3. ■

BMA report on financing NHS

The British Medical Association is to publish a report on alternative methods of financing the National Health Service in the New Year. Although the subject is still under discussion, C&D understands the BMA is opposed to changing the present tax-based system to one based on insurance.

A report in *The Guardian* recently said that proposals for the financing of the NHS are due to be announced shortly by a joint committee of civil servants and private health care representatives. Schemes to be considered are:

- The public would be given the choice of opting out of the NHS by insuring with a private health company.
- Employers or trade unions could offer health insurance schemes as a perk or membership incentive.
- A supplementary health care system.
- Introduction of charges for services such as catering and accommodation.

The Pharmaceutical Society has no comment at present on the proposals, but the NPA Board have had preliminary discussions on the matter. Mr Tim Astill, NPA director, told C&D that the major concern was not where the money comes from, but that pharmacy should continue to be involved. Unless steps were taken to keep private health insurance companies informed of the value of pharmacies there was a danger that the distribution of drugs may take place from the doctor's surgery.

It would be in the interests of the insurance companies to use pharmacies.

Prescribing should not be coloured or biased as it may become if insurance companies leave doctors to both prescribe and dispense.

The security of blue chip support from the Government was important, however the coffers were not bottomless. ■

New generation of computers

"SLIM" — the "Specialised Labelling Interface Module" — has been launched by J. Barrie Thompson of Torkingcourt Ltd. Mr Thompson bills SLIM as "the first in a new generation of pharmacy and medical computers."

The labeller uses a 32K CMOS memory and can log items dispensed, process text and while "standing alone," can link with larger systems through a standard RS232 interface. The memory can therefore be committed to the VDU display, printed, or transferred to a PDT (portable data terminal), modem, acoustic coupler, tape or to floppy disc.

The keyboard has three functions and can be used to input text directly, using a "token code" (which calls up keywords), or through a velocity code, when each key represents a phrase. SLIM stores 100 drug names and recognises 21 drug presentations — over 300 drug variations are thus possible.

The labeller produces three copies of each label (70 x 35mm) and these form the basis of patient medication profiles.

The basic price is £1,125 but for orders confirmed before March 31, 1982 a special introductory price of £995 applies. Leasing facilities are also available from Torkingcourt Ltd, 150 Charminster Road, Bournemouth. ■

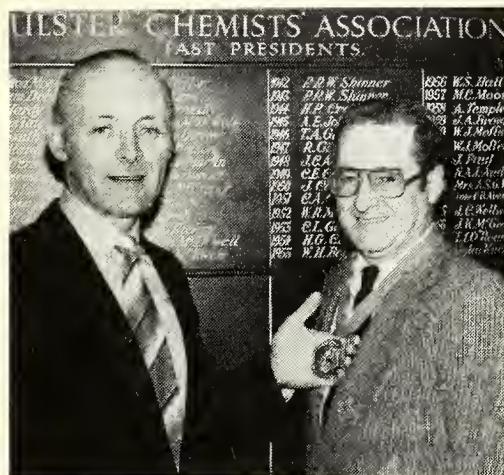
Eyedrops restricted to pharmacy sale

Optrex Ltd have explained the legal changes affecting classification of their eyedrops next year.

Eye Dew Blue and Eye Dew Clear will become pharmacy only, in line with all other eyedrops. Although they are not licensed as medicines under the Medicines Act because they are and still will be promoted solely for cosmetic purposes, they are classified as medicines exempt from licensing and should be sold under the supervision of a pharmacist.

Optrex drops and Clearine are already licensed as pharmacy medicines. Optone Crystal Clear, which was promoted in the same way as Eye Dew for cosmetic use, is being discontinued when current stocks are exhausted.

AS C&D went to press this week, a Department of Health spokesman said the overriding legislation would probably come into effect on February 11, not January 1, 1982, as originally expected. ■



Mr D.H. Coffey (right) with Mr J.P. Beagon, outgoing UCA president

Mr D.H. Coffey, MPSNI, has been installed as president of the Ulster Chemists' Association. He was educated at Regent House School, Newtownards, and qualified as a pharmaceutical chemist in 1956. He was employed as superintendent to I.W. Nichol, High Street, Belfast for a short time before taking up the position as manager of Davey and Taylor, Romford, Essex. In 1960 he joined May & Baker as their Northern Ireland representative and was with them until 1977 when he took over the existing business of P.J. Brogan in Chapel Hill, Lisburn.

Being greatly interested in photography, he opened up the Lisburn Camera Centre in Haslems Lane and his other interests include playing golf and being a keen supporter of Irish rugby.

Mr William Burns, MPS, of Dreghorn, Ayrshire celebrated his 100th birthday on December 3. The occasion was marked by a visit from the chairman of the Scottish Executive of the Society, Mr J.H. Henderson, and the secretary of the Ayrshire Branch, Mr J. Bunten. Mr Burns, who registered as a pharmacist in July 1906, enjoys good health and lives at home. He has spent his entire working life in general practice in Ayrshire and retired from active employment only in his mid-eighties.

News in brief

■ South East Thames RHA has awarded a building contract worth £524,753 for New Cross poisons reference centre and laboratories, New Cross, Greater London.

■ The NHS (Charges for Drugs and Appliances) Amendment Regulations 1981 (SI 1981, No 1714, HMSO, £0.30) extend prescription charge exemptions to expectant mothers whose child is still-born or dies within the first year after birth.

By Xrayser

Pride goeth . . .

And boy, have I fallen! I just hope no one has noticed how pleased I had become with myself of late — it must be because I felt good that I assumed trade was doing quite nicely thank you.

But last night, having checked my VAT return for November, I sat down with the calculator while the family quietly concentrated on homework. With my wife out at a meeting, no radio, no TV, the real labour done, I found work for my idle hands by totting up the figures for this year as opposed to those of the past 12 months. As I analysed each month — firstly the gross take, including the NHS cheque paid during that month, and second the retail takings only — I began to realise what mischief those hands were wreaking on my complacency.

For instance, the increase in gross turnover for the periods April, May, June, July and August, which were lumped together for the combined VAT return, showed an increase of 12.4 per cent which *must* have been affected by the increased size of the cheques received during that time. The increase in retail cash receipts was 4.7 per cent.

September gross was up 10.8 per cent, retail 6.4 per cent. October was better, gross up 23.6 per cent, retail up 12.1 per cent — I presumed this was because I had rearranged the shop somewhat. So with improved confidence I tackled November: gross up 3.5 per cent . . . retail up 6.9 per cent. Truly awful. It must have been all those worthless pound notes that turned my head. They looked like real money.

So then I examined my former 50:50 script: retail balance to find, as you must have guessed by now, we are stuck back on that 61:39 reef I thought we had managed to escape. What on earth do I do now? I've spent much money modernising the shop: it's well lit, I don't run out of stock, my prices are as good as the drug stores, and frequently better, I've joined a symbol group (though I doubt its value), my staff are pleasant and attentive, and we are told (of course) that we are well-regarded locally. Should I join a building society . . . or get religious?

The future

It has to be a sheer coincidence, after having written this that the first thing I saw in last week's *C&D* was the Henley Centre's economic forecast for pharmacy into the 80s (which incidentally, showed a graph, which at first glance indicated a drop in retail prices — it didn't, of course, merely a decline in the *rate* of increase

from 15 per cent in 1980 down to a mere 8 per cent now). But as a possible explanation for my drop in real turnover it points to consumer income dropping below prices. Certainly I have noticed a marked trend to the smaller sizes, which reflects limited spending money.

From my own gut feeling, my prediction is that we will get through this month fairly well (I hope we have the right price mix to get the best out of December shopping) but that trade will die the death in January, February and March. If the script charges go up in April those affected by them will also think twice about visits to the GP for anything other than essential consultations — which must affect us in turn, since, even if they come to us instead, the return will be smaller. I reckon we have been coasting on the inertia of past good times, but from now on will have to get the oars out and do some hard rowing.

Change of life

To my mind, however, the most interesting aspect of the economic forecast, is the light it throws on changes in lifestyle here in Britain over the past ten years or so. It is worth reading and rereading for it shows a society from which my pattern of living has kept me insulated. I merely touch it at the interface of my shopcounter. I have to be aware of it, but count the knowledge as part of business intelligence.

The truth would appear to be that I am better off than I thought, in being able to continue a life of inherent conservatism despite widespread social change all around me, finding a considerable satisfaction in my work and contentment in my family. Old-fashioned, I suppose.

Whose goods

One knows a sense of irritation at learning of Bayer's efforts to introduce the Sionon range into the grocery outlets, but it's a pretty illogical response really, since if Bayer can produce good enough sales to satisfy the big chains then the product must be worth our stocking.

The margins I've been offered are sufficient to make me stock and sell it and so add to my profits, while I think the counter-argument that it will encourage one-stop shopping to the detriment of suburban specialists like ourselves, is really an argument that we should present ourselves in those one-stop shopping centres. ■

Launch of two antiseptic products under Elastoplast banner

On January 4 Smith & Nephew are launching two antiseptic products with the backing of the Elastoplast name. A new television commercial will nationally introduce the products to the consumer at the end of March.

Elastoplast antiseptic cream and liquid will both come in two sizes — 30g (£0.56) and 60g (£0.90); 125ml (£0.48) and 250ml (£0.63) respectively. The active ingredients in the liquid are chlorhexidine gluconate and cetrimide whereas the cream contains chloroxylenol, triclosan and edetic acid. Both products are GSL medicines.

Packaging features the Elastoplast typeface and red white and blue colour scheme. At the same time the antiseptic wipes packs are being redesigned to fit in with the range.

Smith & Nephew say they have conducted intensive consumer research which has shown that the products themselves are highly acceptable and that the brand name gives immediate assurance to potential users. They are putting over £1 million behind Elastoplast overall in 1982 — the new commercial will continue the "There, there, there" theme and will be shown again in July.

A custom-designed merchandising unit will be introduced to the trade during January and February together with a



trade promotion in which the retailer may qualify for special incentive awards. A consumer promotion is planned for the spring to provide the St. John's Ambulance Brigade with a new ambulance — in-pack tokens can be redeemed for 20p towards the fund. Any purchaser returning two tokens will also receive a "grow chart" for children together with two '10p off' coupons.

One million packs of various Elastoplast dressings will feature "10p off" tokens to be used when buying antiseptic liquid and should be in-store from January. New point-of-sale material will be available consisting of shelf edgers, stickers and header cards. *Smith & Nephew Ltd, Bessemer Road, Welwyn Garden City, Herts.* ■

Mike Leuw, MPS, of Cross & Herbert Ltd, Egham, Surrey, receives his prize of a video cassette recorder from Ron Parker (left), sales director, Lenthalic-Morny and Findlay McClymont, marketing manager.



The other two winners in Lenthalic's "spot the ad" contest were K. Myers, MPS, of J.A. Spilman Chemist, The Rippon, N. Yorks and R. Duke, MPSNL, of Parke's Pharmacy, Banbridge, co Down

Higher profit on Tiger Balm

Vessen Ltd, who market Tiger Balm in this country, have announced that retail profit margins on the recommended prices have been increased to 33½ per cent (50% on buying) without increasing retail prices. They have also introduced an 8g pack (£0.81). Tiger Balm was recently recommended by Katie Boyle in *TV Times* and Vessen have plans to increase their publicity and advertising campaign for the product in 1982.

Vessen have also announced an extra 5 per cent on the retail profit margin within the new recommended selling price of £4.98 for the 250ml bottle of Bio-strath elixir. Bio-strath prices have been held at the same level for over five years and the new increase (effective January 1, 1982) had been kept to a minimum, Vessen say. All orders received by December 31 will be delivered and invoiced at the present prices. Minimum carriage paid order 3 cases. *Vessen Ltd, Mansen House, 320 London Road, Hazel Grove, Stockport, Cheshire SK7 4RF.* ■

ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	Cl	Channel Is

All Clear:	All areas
Anadin:	All areas
Askit powders:	Sc, G
Bic razor:	Ln
Charlie:	Ln
Complan:	Ln, Y, Sc, WW, So, NE, We, G
Cream Silk:	All areas
Denim aftershave:	All areas
Duracell:	All areas
Head & Shoulders:	WW, NE, So
Jontue:	Ln, So
Keystone 308:	Y, NE
Kodak Ektra 400 & 600:	All except E
Ladyshave:	All areas
Mac lozenges:	All areas
Mr Dentist:	Lc
Mucron:	Ln, M, Lc, Y, Sc, NE
Noir aftershave:	Ln, M, A
Philishave:	All areas
Sanatogen multivitamins:	All areas
Scholl thermal insole:	All except E
Setlers:	All areas
Sweetex:	All areas
Venos adult formula:	All areas
TCP:	All areas

TV advertising and trial sizes for Monclear Derma

Roche are to go on national television with a four-week advertising burst for Monclear Derma starting January 4. Originally planned for this year, problems with the production schedule shelved the campaign. Now, with a new agency Roche feel they have got the formula right.

The advertisement compares cleaning teeth with using Monclear Derma in a daily routine. It will run in an eight week burst in the Granada region to test the campaign. If results are favourable a follow-up burst is a possibility for Autumn.

In all, Roche have allocated £600,000 for advertising next year. A linked press campaign also begins in January and there will be national advertising on commercial radio.

The company has recently introduced a trial size pack containing a 60ml lotion and 15g gel (£1.65). The POS unit which



holds six packs is available free to the independent chemist with orders for £30 or more of stock. *Roche Products Ltd, Broadwater Road, Welwyn Garden City, Herts.* ■

another addition. Packed in 12 oz jars, the member pack comprises 6 jars on a shrink wrapped tray. A 20p per pack bonus plus a 4p consumer saving is being offered during the introductory period.

Hacks menthol eucalyptus, Victory V medicated and liquorice stick packs are being added to the current NPA product range at a retail price of £0.20. These will be launched on the January promotion along with the rest of the range of medicated confectionery, giving an additional 5 per cent bonus on all products promoted in January.

Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU. ■

Other superbuys include Soft & Gentle aerosol, Handy disposable razors, Pears shampoo, Euthymol, Erasmic Superfoam and Nulon. Optional extras include Meggezones, Rinstead pastilles and Night Nurse, Day Nurse, Famel cough syrups and throat pastilles, Rennie, Feminax, Milk of Magnesia liquid and tablets, Bonjela, Nucross medicated pastilles and Biactol. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.* ■

Supersoft on TV

Supersoft hairspray is to be repackaged in a slim can and will be promoted with a national television burst early in January. *Reckitt & Colman Ltd, Stoneferry Road, Hull.* ■

Optrex eye wash for industrial use

Optrex are introducing an emergency eye wash for industrial use. This is a sterile isotonic saline solution, containing sodium chloride BP 0.9 per cent in a flexible, non-refillable polypropylene pod, giving a single dose of 300ml (£1.90).

Application is effected by removing the cap, breaking off the nozzle and applying the solution copiously to the eye. The nozzle size will allow an adequate gentle flow of liquid without forming a forced jet. *Optrex Ltd, Optrex House, Jays Close, Basingstoke, Hants.* ■

Vitalife B15

Vitalife are introducing their own brand of B15 calcium pangamate tablets 50mg (100, £2.07). *Vitalife Ltd, 10 Fernside Court, London NW14 1JT.* ■

Further holiday closures

Ciba-Geigy Pharmaceuticals division: from midday December 24 until 9am on Monday, January 4.

Lederle Laboratories: from midday December 24 until January 1.

Pharmaceutical Manufacturing Co: from 12 noon December 24 until 8.30am on Monday, January 4.

E.R. Squibb and Sons Ltd: a sales service (Moreton site) will be available between 10am-1pm on December 29, 30 and 31 as follows: Squibb products (051-677 2201), Surgicare Products (051-677 2207). An Ansaphone service (051-667 2201) will operate at all other times from 1pm on Thursday, Decmeber 24 until 9am on Monday, January 4 when a full service will be resumed. An emergency line is available at all times on 051-667 0171. Medical information services are available on December 24, 29, 30 and 31 from the Hounslow office (01-572 7422).

Warner-Lambert (UK) Ltd (Pontypool): from 12.30pm on Thursday, December 24 until 8.35am on Monday, January 4. On December 29, 30 and 31 personnel will be available in the marketing and order control departments to answer enquiries and despatch urgent orders. The Carfin distribution depot, Motherwell, will also close 12.30pm on Thursday, December 24 re-opening Monday, January 4.

Wigglesworth Ltd: from 12 noon on December 24 until 8.30am on Monday, January 4.

COUNTERPOINTS

Late addition for Winter warmth

What the manufacturers claim is the "most luxurious hot water bottle in the world" is now available from William Freeman. The Gold Star Suba-Luxe bottle conforms to BS1970 specification, and the cover is made from simulated fur fabric which is moth proof and fire resistant.

One-by-one on TV

A £200,000 national television advertising campaign for the Sweetex One-by-One dispenser breaks on Christmas Day. The four week campaign will feature the award-winning 20-second commercial which highlights the convenience and sophistication of the dispenser.

Crookes say the dispenser has proved to be the fastest growing product in the UK sweetener market, currently accounting for almost 10 per cent of all

PRESCRIPTION SPECIALITIES

Mucolex

Manufacturer William R. Warner & Co Ltd, Usk Road, Pontypool, Gwent
Description Clear, red, raspberry-menthol flavoured syrup containing 250mg carbocisteine in 5ml

Indications Mucolytic agent for use in disorders of the respiratory tract in which an increase in the amount or viscosity of mucus is a prominent feature

Dosage Adults — three 5ml spoonfuls three times a day initially, reducing to two 5ml spoonfuls three times a day after a satisfactory response. Children — 6-12 years one 5ml spoonful three times a day; 2-5 years 5-10ml daily in divided doses. Not recommended for children under two

Contraindications Peptic ulcer. Not recommended during the first trimester of pregnancy

Packs 250ml (£4.11 trade)

Supply restrictions Prescription only
Issued December 1981 ■

Sotacor

The 56-tablet Sotacor 160mg pack is being replaced with a 28-tablet pack (£4.05 trade). Bristol Laboratories, Station Road, Langley, Slough, Berks. ■

The standard size bottle (£14.95) is available in a choice of coverings, and there is also a cot size (£9.95) with a safety closure.

Also available is the Suba-Seal wide neck Subacone feeding bottle teat. This is a hard wearing silicone rubber teat that will retain its shape from birth to weaning and yet can be steamed, boiled or chemically sterilised. *William Freeman & Co Ltd, Suba-Seal Works, Stauncross, Barnsley, Yorkshire.* ■

sales. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.* ■

Savings on Liga

Cow and Gate are offering money off Liga Rusks. Packs of 16 are flashed 3p off their recommended retail price of £0.45 and 24s, 6p off their recommended retail price of £0.57. *Cow & Gate Ltd, Cow & Gate House, Trowbridge, Wilts.* ■

Aquadrate 100g

Eaton Laboratories are now packaging Aquadrate 100g in tubes instead of jars. The price of the pack remains unchanged. Customers holding the jars should continue to use the stock as credit will not be granted on returned packs. *Norwich Eaton Ltd, The Broadway, Woking, Surrey GU21 5AP.* ■

Sustac labels

Pharmax are changing the band colours on their packs of the two lower-strength Sustac tablets in order to avoid confusion with the new 10mg strength pack. The new band colours are blue for the 2.6mg strength and orange for 6.4mg and these will be introduced as soon as stocks of the present labels are exhausted. The 10mg strength label will remain green. *Pharmax Ltd, Bourne Road, Bexley, Kent DA15 1NX.* ■

Evans tuberculin now in packs of 5

In early January, all presentations of the Evans tuberculin PPD range will change from single 1ml vials to a carton of 5 x 1ml ampoules. Trade prices will be £10.80 for the undiluted tuberculin PPD and £4.45 for the three diluted products and the control solution. The 5ml pack of

Trim-line can for Cossack

Cossack men's hairspray is being repackaged in a trim-line can. The new style should now be available for the 200ml size — the 340ml and 125ml size trim-line cans will be phased in early next year. Prices remain the same. Reckitts plan to continue their below the line support for the brand in 1982. *Reckitt Products, Reckitt House, Stoneferry Road, Hull HU8 8DD.* ■

Baby Wet Ones

The first paragraph in the Baby Wet Ones story on p. 1006 of the November 28 issue should have read: "Baby Wet Ones go back on television for the third time this year with a four week burst starting December 14 across the network with an upweight in the Southern television area." *Sterling Health, St Marks Hill, Surbiton, Surrey.* ■

undiluted tuberculin and diluent will be discontinued.

The shelf-life of the undiluted (100,000 units/ml) material and control solution remains at three years but that of the dilutions has been increased to 18 months. Storage requirements (2°C-8°C) are unchanged. *Evans Medical Ltd, 891 Greenford Road, Greenford, Middx UB6 0HE.* ■

Centyl K packaging

Centyl K 500-tablet packs will be presented as plastic drums for a limited period only. Price is unaffected and blister packs will be re-introduced in the near future. *Edwin Burgess Ltd, Longwick Road, Princes Risborough, Aylesbury, Bucks HP17 9RR.* ■

Change of name

Pulmodrine syrup (containing guiphenesin and methylephedrine) has been renamed as Pholcomed expectorant. Sizes and prices remain the same. *Medo Chemicals Ltd, 144 Fortress Road, London NW5 2JL.*

A L'ORÉAL ANNOUNCEMENT

The truth about the suntan market.

You may have read conflicting information about the suntan market. You ought to know the facts from independent research sources. (1981) (AC Nielsen and TCPI).

1. Retail sales of suntan products in the UK are big: **£17** million over five months.
2. Ambre Solaire takes one third of all consumer purchases which means it outsells its nearest competitor by almost **3:1**.
3. Ambre Solaire's end-of-season stock is the lowest in relation to sales. By dividing stock by sales we have the following month's supply:-

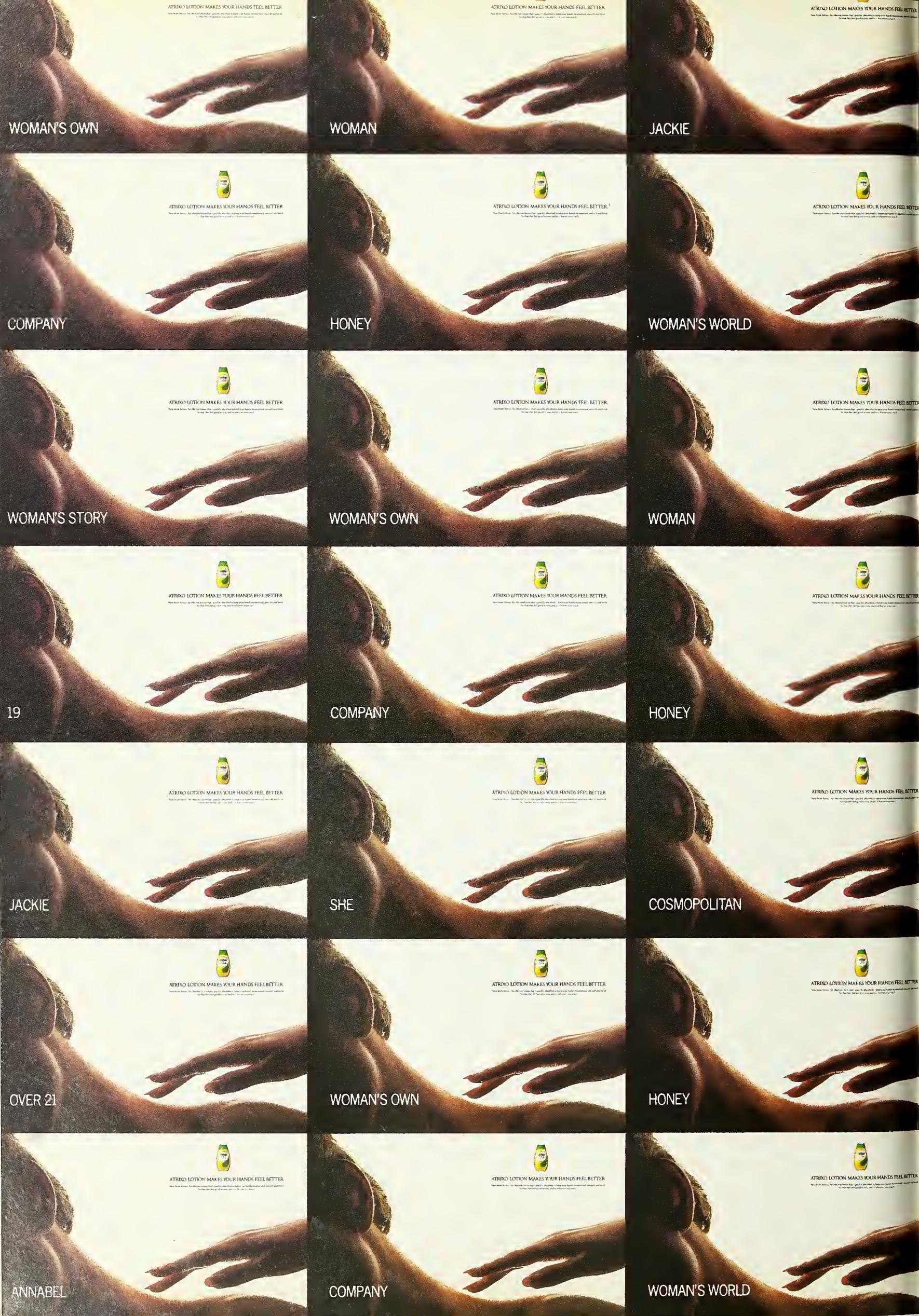
AMBRE SOLAIRE

2.4 month's supply

Nivea	2.4 month's supply
Bergasol	3.5 month's supply
Hawaiian Tropic	5.2 month's supply
Coppertone	5.4 month's supply

CONCLUSION: Make the best of your space and your investment by supporting the brand leader. Ask your Ambre Solaire representative for details of the Ambre Solaire Service Scheme to the Chemist before committing yourself for the 1982 season.

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And our biggest ever promotion. We're distributing a leaflet, 'The Winning Hand' door-to-door to cover the whole country. It includes a 10p coupon as well as the chance for your customers to win major cash prizes.

But the biggest attraction of our lotion is the way it won't stay on your hands. As you will notice, even before your customers.

Reviewed by C. R. Day, FPS.

A year of progress and innovation

The general public is constantly fed by the media with statements concerning the risks associated with the taking of medicines, but as Dr D. Train indicated in the 1980 British Pharmaceutical Conference Lecture in Newcastle, the public must be educated to the arithmetic of risk, while at the same time a more controlled approach is needed in the presentation by the media of such risks. Few people seem to be perturbed by the high incidence of accidents in the home or street, but given some aspect of hazard associated with a medical compound the media frequently do a great deal of harm to the public by scaremongering. In many such instances the pharmacist can be of the greatest help in reassuring his clients, particularly regarding new medicines.

Also, there can be severe financial risks in the development of new drugs as shown by the abrupt cessation of clinical trials, shortly before the intended marketing date, of the orally administered anti-asthma drug, proxicromil. This substance had been under development for at least six years at a cost of about £12 million and more than 1000 patients had been treated with it, some for more than a year without serious side effects. However, because some late results of animal studies revealed a hazard, which although most unlikely to occur would be quite unacceptable in humans, the compound was abandoned with quite staggering economic cost to the company involved.

Antimicrobial agents

It is in this group that the greatest number of novelties occur this year, with several additions to the range of modified penicillins and a further increase in the ranks of the cephalosporins. Azlocillin (Securopen injection) is a broad-spectrum antibiotic given intravenously as a bolus injection in doses of up to 2g and in larger doses by infusion over 20-30 minutes. Azlocillin is recommended particularly for pseudomonal infections of the respiratory and urinary tracts and for septicaemia. It may be given with an aminoglycoside, or with beta-lactamase isoxazolyl penicillins, as there is evidence of a synergistic action with such antibiotics.

Bacampicillin (Ambaxin) is an ester, like pivampicillin and talampicillin, which itself has only moderate anti-bacterial activity but is hydrolysed after absorption

to produce ampicillin. These esters all have better absorption characteristics than oral ampicillin itself, giving higher peak levels in a shorter time. The absorption of bacampicillin is 98 per cent whereas that of ampicillin is but 47 per cent following an oral dose. The almost-complete absorption is responsible for a much lower incidence of diarrhoea than with ampicillin. Bacampicillin is supplied as tablets of 400mg and has an adult dosage of one tablet two or three times a day which may be doubled in cases of severe infection.

The problem of increasing bacterial resistance to antibiotics is likely to be ever recurring and it is obvious that some popular agents of today have become gradually less effective since their introduction. The chief cause of the development of bacterial resistance to the penicillins and cephalosporins is the ability of the organisms to produce beta-lactamase enzymes which inactivate the antibiotic. A method of overcoming the problem is to use an existing beta-lactam agent in association with an enzyme inhibitor which will allow the antibiotic to function normally.

Such a combination has been introduced under the name Augmentin; it is an association of amoxycillin 250mg and clavulanic acid 125mg supplied as tablets for oral use. Clavulanic acid is a compound with a penicillin-like beta-lactamase structure isolated from *Streptomyces clavuligerus*; it has only slight antibacterial activity but is a potent inhibitor of those beta-lactamases which inhibit amoxycillin. The combination is claimed to be effective in dealing with a wider range of bacteria than any other orally administered penicillin or cephalosporin. Dosage for adults and children over 12 years is one tablet three times a day and this may be doubled in severe infections. At present its administration to children under 12 years is not advised. Research on the formulation of an injectable preparation is in hand.

Another semi-synthetic broad-spectrum penicillin undergoing clinical trial is piperacillin (Pipril). It is an injectable agent with wide ranging activity, being additionally active against anaerobes such as *Bacteroides*, but not against staphylococcal strains producing beta-lactamase.

Cefotaxime (Claforan) is the first "third generation" cephalosporin to be

marketed. It will be used primarily for patients in hospital suffering from severe infections and because of its wide anti-bacterial spectrum coupled with high activity it can be used alone for life-threatening conditions such as septicaemia and meningitis. In severe pseudomonal infections the concurrent use of an aminoglycoside antibiotic is advised; likewise in mixed aerobic and anaerobic conditions it may be given along with metronidazole. The dosage for moderate conditions is 1g twelve-hourly, but in severe infections up to 12g daily may be given. Cefotaxime is administered by parenteral routes. This new cephalosporin may be given in the presence of renal failure and it is only necessary to reduce dosage in the presence of severe deterioration of the renal function.

Another "third generation" cephalosporin in the pipe-line is cefoperazone, while moxalactam, termed an "oxa-cephalosporin" as it has an oxygen atom in place of a sulphur in the cephalosporin ring, is also under trial.

Netilmicin (Netillin) is a new aminoglycoside, a group of antibiotics which contains among others streptomycin, neomycin and gentamicin. It has been produced by modifying the structure of gentamicin, a change which protects it against attacks by enzymes of resistant bacteria. Netilmicin has an antibacterial spectrum almost identical to that of gentamicin with its main indication being the treatment of severe Gram-negative infections. Administration is by intramuscular or intravenous injection.

Treatment for gonorrhoea

A pyridyl-quinoline derivative, related to nalidixic acid, named rosloxacin (Eradacin) has been made available for the treatment of gonococcal infections. It has shown a 90 per cent cure rate in trials and the drug is possibly effective against gonococcal strains resistant to penicillin and other antibiotics, a significant property in view of the fact that the amount of penicillin needed to clear gonococcal infection has increased 20 times since 1950 because of developing resistance. The adult dose of rosloxacin consists of a single administration of 300mg (two tablets). There is no dosage recommendation for children at present.

The management of both superficial and systemic fungal infections has for a variety of reasons been handicapped by the lack of a drug having a broad spectrum of activity combined with a good oral absorption. Now ketoconazole (Nizoral) an imidazole-dioxolone derivative has been made available; it is well absorbed following oral ingestion (it

should be taken with meals to ensure maximum absorption and drugs which lower gastric acidity should be avoided as far as possible) and has been found effective in superficial tinea infections, pityriasis versicolor and superficial candida infections, recurrent vaginal candidosis, oral thrush, systemic and disseminated mycoses and to prevent fungal conditions developing in immunocompromised patients.

Ketoconazole is supplied as tablets containing 200mg, with an adult dosage of 200mg daily continued until at least 7 days after symptoms have cleared and cultures are negative. This dosage may be doubled to obtain a satisfactory response. Children should receive a reduced dosage regimen based on bodyweight. Ketoconazole is contra-indicated in pregnancy.

An antifungal agent, isoconazole (Travogyn), indicated for the treatment of vaginal thrush (candidiasis) using a single dose has recently been marketed. Isoconazole being an imidazole derivative is related to established anticandidal agents, eg econazole and clotrimazole; in clinical trials it has been found to have a similar cure rate with a single dose when compared with the multidose courses of other imidazole compounds.

Travogyn is supplied as tablets containing 300mg of isoconazole nitrate for deep vaginal insertion in a single administration of the two tablets. The compound may be used to eliminate

candida in mixed candidal/trichomonal infections, but in cases where the latter organism is present alone, treatment with metronidazole is advised. The once only therapy with isoconazole has a marked advantage over multidose regimes in terms of patient compliance. In the light of present knowledge there is no reason to withhold isoconazole treatment during pregnancy.

Antiviral agents

Enviroxime is a drug under evaluation in the common cold, 50 per cent of which are caused by rhinoviruses. A study of this new substance in 48 volunteers who were given oral, intranasal or placebo preparations, one day before and for five days after infection, showed reduction in severity and number of colds with significant lessening of rhinorrhoea. The intranasal preparation appeared to be better tolerated. Further studies are continuing. (*Lancet*, 1981 i 1342).

In our previous review we mentioned that acyclovir or acycloguanosine (Zovirax) was undergoing clinical trial in herpetic states; it has now been marketed as a 3 per cent ophthalmic ointment for the treatment of herpes simplex keratitis. It is hoped shortly to introduce an intravenous preparation for use against life-threatening herpes infections in immunocompromised patients.

Cardiovasculars

Reference has been made in the two previous reviews to the advent of pril, a compound which is active orally and inhibits the enzyme which converts angiotensin I to the pressor substance angiotensin II. It has now been marketed under the name Capoten as an antihypertensive for the control of severe hypertension where standard therapy has failed. The mode of action of captopril is not yet fully elucidated but the blood pressure is lowered mainly by suppression of the renin-angiotensin-aldosterone system. It is believed also that it may cause bradykinin build up resulting in vasodilatation since kinase II, an enzyme responsible for the breakdown of bradykinin is thought to be identical to the angiotensin converting enzyme.

Capoten is supplied as tablets of 25 and 100 mg. The initial dose is 25mg three times daily increased to 50mg thrice daily if no satisfactory response has been achieved in two weeks. If this is inadequate a diuretic can be added to the regimen and further increases in the captopril dosage made. As a reduction in the leucocyte count may occur, blood monitoring at 14 day intervals is advised; some 10 per cent of patients may develop

Continued on p1150



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ADVANCES IN THERAPY

Cardiovasculars

Continued from p1147

pruritus which disappears on lowering dosage. Proteinuria has been reported and urine protein levels should be watched.

Recently, the indications have been extended to include the treatment of severe treatment-refractory congestive heart failure. Here, captopril should be used with the highest usual dose of a diuretic and digitalis but only after these drugs have failed to produce a satisfactory response. The dosage range is higher than for the treatment of severe hypertension, ranging from 25mg to 150mg three times a day, although dosage increases beyond 50mg thrice daily should only be made when there is no sign of a satisfactory response.

Improved alpha-blocker

The use of alpha-adrenergic blockers in the management of essential hypertension has hitherto been limited because such drugs, while producing peripheral vasodilatation, also cause an unwanted reflex compensatory increase in heart rate. A new drug, indoramin (Baratol), which has part of the molecular structure of procainamide, (formerly used for the treatment of ventricular dysrhythmias, atrial flutter and fibrillation) appears to overcome this problem of reflex tachycardia. Indoramin has some bronchodilator effects allowing it to be used in asthma sufferers in whom the beta-blockers are contra-indicated. It is also believed to have a central mechanism on hypertensive states (Clark D. W. J. *Pharm J* 1981 **227** 102).

Baratol is supplied as tablets of 25 and 50mg, with an initial dosage of 25mg twice a day, increasing by 25 or 50mg every two weeks until the blood pressure is controlled, up to a maximum of 200mg per day. Sedation is a side-effect and rarely, dry mouth, nasal congestion, weight gain, depression and failure of ejaculation.

Prenalterol (Hyprenan, Varbian) a new cardioselective beta-agonist has been introduced for inotropic (increase in the force of the heart beat) support in the treatment of heart failure associated with myocardial infarction, open heart surgery or severe shock. Prenalterol is given intravenously with dosage adjusted according to patient response as determined by the heart rate, blood pressure and cardiac output.

Two new anti-arrhythmic agents, amiodarone and tocainide, have become available during the year. Amiodarone (Cordarone X) has a long half-life of 14-28 days which means a once daily

maintenance dose can be used. In action amiodarone differs from other antidysrhythmic agents, eg quinidine, lignocaine and beta-blockers, as it prolongs the action potential and extends the refractory period. The drug is supplied as 200mg tablets, with an initial dosage of one tablet three times a day for at least one week; when a satisfactory response has been obtained a gradual reduction of dosage is made for maintenance. Corneal deposits may occur but these are considered to be essentially benign; however regular ophthalmological examination is advised.

Tocainide (Tonocard) is a primary amine analogue of lignocaine and has, as might be expected, similar electrophysiological and haemodynamic effects, but unlike the parent compound it is effective orally. Tocainide is indicated in the prevention and management of acute and chronic ventricular dysrhythmias, including those associated with myocardial infarction. It is supplied as tablets of 400 and 600mg and as solution in ampoules of 15ml containing 50mg/ml. Acute cases should receive 500-700mg intravenously given over 15-30 minutes followed at once by 600-800mg by mouth. Chronic conditions are treated by 1200mg orally daily, divided into two or three equal doses. Side-effects include tremor, dizziness, convulsions, nausea and vomiting. Clinical signs of the lupus erythematosus syndrome have occurred during treatment.

An agent for the treatment of oedema associated with cardiac dysfunction is potassium canrenoate (Spiroctan M). It is of most value where cardiac dysrhythmias are caused by a low blood potassium level. The canrenoate is converted in the body to canrenone, the chief active metabolite of spironolactone, to which its clinical effects are similar. Potassium canrenoate is given by slow intravenous injection in a daily dosage of up to 800mg. If necessary a thiazide diuretic can be given concurrently to ensure a satisfactory diuresis. The product is supplied in 20ml ampoules containing 200mg.

Percutaneous vasodilator

Glyceryl trinitrate (GTN) produces peripheral vasodilation and thus reduces the work of the heart, hence its efficacy in angina pectoris. The sublingual administration of the drug produces rapid control of anginal pain, but where prophylaxis of the condition is required the oral ingestion of sustained release nitrate preparations is used. Now GTN can be given percutaneously by the application of an ointment containing 2 per cent of the compound in a lanolin/petroleum base (Percutol).

The effect and its duration are directly related to the quantity of ointment applied and the requirements of the patient must be individually titrated. The starting dose is half an inch of ointment (GTN 8.32mg) on the first day, increased by half an inch daily until headache occurs, after which the dose is reduced by half an inch. Therapeutic blood levels occur in about 15 minutes and the effect lasts for up to eight hours. The correct amount of ointment is measured by means of a graduated applicator sheet, which is applied to the skin and held in place with tape. Chest and upper arm are the recommended sites for application.

Prostaglandins are a group of related long-chain fatty acids derived from prostanoic acid, a 20-carbon compound. They are present in most mammalian tissues. Prostaglandin E₂ has been used for some time to induce labour; now prostaglandin E₁ (alprostadil, Prostin VR) has been made available to maintain the patency of the ductus arteriosus (the channel between the aorta and pulmonary artery which bypasses the unused lungs of the foetus and which normally closes when the lungs function after birth) in cyanotic or so called "blue babies." Prostaglandin E₁ keeps the ductus arteriosus open after the birth of the baby, so preventing blood reaching the congenitally damaged area of the heart until the infant gains strength and is better able to withstand corrective surgery. The preparation is given intravenously at the rate of 0.1 mcg/kg bodyweight/minute for between six hours and five days.

Antineoplastic therapy

Without being in any way optimistic, it does seem that the chemotherapy of cancer is showing a degree of improvement. Professor K. Hellman of the Imperial Cancer Research Fund told a symposium on "Cancer: a panoramic view" on May 28 this year that there was never likely to be a "magic bullet" cancer cure and that the hope for a selective anticancer drug which would not attack normal cells had not come about, but the combination of therapeutic agents, especially two, were often better than one because of greater activity and lower toxicity. Unfortunately the use of three or four drugs together gave greater activity at the cost of increased toxicity. Remission of some tumours was now possible by the combination of chemotherapy and radiotherapy, nevertheless the remission rate of the common solid tumours, eg

Continued on p1154

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Tablets Large	pm	1.10	6	4.38
Liquid Large	pm	1.10	6	4.38
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Standard (20 Tablets)	pm	0.66	12	5.26
Large (50 Tablets)	pp	1.20	6	4.78
PHYLLOSAN				
Standard (60 Tablets)	pm	1.10	6	4.38
Medium (110 Tablets)	pm	1.70	4	4.52
Large (250 Tablets)	pm	3.26	1	2.17
IRON JELLOIDS				
Standard (90 Tablets)	pp	1.30	6	5.18
Large (160 Tablets)	pp	2.10	3	4.19
ENO FRUIT SALTS				
10 Sachet (10 single dose pack)	pm	0.69	12	5.50
Standard (109g)	pm	0.92	6	3.67
Large	pm	1.49	6	5.94
LEMON FLAVOURED ENO (Granada & Midland TV Areas)				
10 Sachet (10 single dose pack)	pm	0.69	12	5.50
Standard (109g)	pm	0.92	6	3.67
DINNEFORDS				
Magnesia Gripe Mixture (125ml)	pm	0.72	12	5.74
DIOCALM				
Standard (48 Tablets)	P	1.10	12	8.77
Family Pack (88 Tablets)	P	1.80	6	7.17
GERMOLENE				
Medicated Footspray (120g)	pm	0.99	6	3.95
Medicated Plasters	*	0.63	12	5.02
New Skin (13ml)	*	0.75	6	2.99
GERMOLOIDS				
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Suppositories large (24)	pm	1.58	3	3.15
Ointment (25g)	pm	0.85	12	6.78
Toilet Tissues (10 sachets)	*	0.80	6	3.19
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Standard (50 Pills)	pm	0.61	12	4.86
Large (135 Pills)	pm	1.08	6	4.30
FYNNON SALT (200g)	pp	0.71	12	5.66
FYNNON CALCIUM ASPIRIN				
Standard Strip (24 Tablets)	pp	0.75	12	5.98
Large Strip (48 Tablets)	pp	1.18	6	4.70
ELLIMANS EMBROCATION				
Universal Royal, Standard (70ml)	pm	0.67	12	5.34
Universal Royal, Large (110ml)	pm	0.96	12	7.65
ALL FRESH				
Clean Up Squares (10 Tissues)	*	0.60	12	4.78
Baby Bottom Wipes (10 Wipes)	*	0.60	12	4.78
A&P INFANTS POWDERS (20 powders)	pm	0.59	6	2.35
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Liquid Nappy Cleanser Standard	*	0.75	12	5.87
Liquid Nappy Cleanser Large	*	1.50	6	5.87
SOLUBLE PHENASIC				
Strip (6 Tablets)	pm	0.27	12	2.15
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Standard (24 Tablets)	pm	0.74	12	5.90

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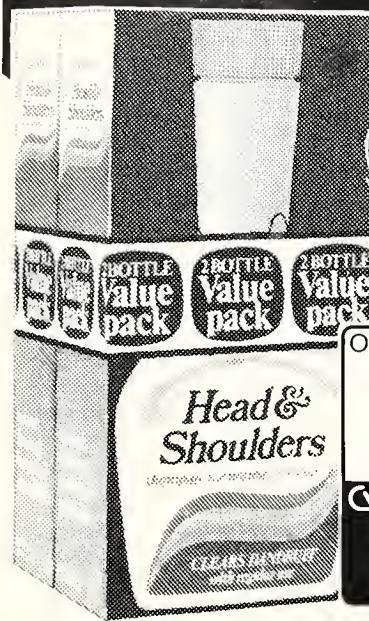
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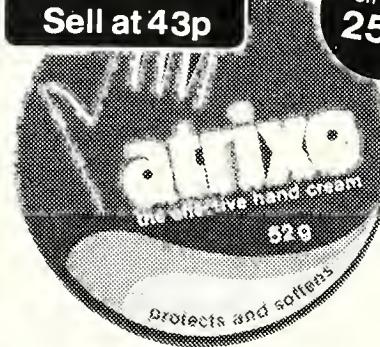
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Product	Size/Pack	Normal Price	R.S.P.	Vestric Offer Price	R.S.P.	Vantage Price	R.S.P.	Profit on Cost %
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	12 x 52g	4.91	.64	3.78	.45	3.60	.43	25
	3 x 95g	2.09	1.09	1.62	.78	1.575	.75	25
	12 x 30g	3.985	.52	3.12	.37	3.00	.36	25
	6 x 60g	2.76	.72	2.19	.53	2.10	.50	25
	3 x 165g	3.24	1.69	2.55	1.22	2.46	1.18	25
Lotion	6 x 100ml	2.915	.76	2.40	.58	2.31	.55	25
	6 x 200ml	4.1825	1.09	3.45	.83	3.30	.79	25
Cream Silk Conditioner (All Types)	12 x 60ml	5.264	.65	3.84	.44	3.66	.42	20

Product	Size/Pack	Normal Price	R.S.P.	Vestric Price	R.S.P.	Vantage Price	R.S.P.	Profit on Cost %
Alberto VOS Shampoo (All Types)	12 x 125ml	5.40	.69	3.90	.45	3.78	.43	20
Conditioner (All Types)	12 x 100ml	5.40	.69	3.90	.45	3.78	.43	20
Belle Color (All Colours)	3	2.93	1.56	2.10	.99	2.04	.96	23
clairesse Hair Colourant (All Colours)	3	4.614	2.45	3.90	1.87	3.81	1.83	25
Crest + Toothpaste	36 x Ex Lge	—	—	10.98	.42	10.62	.41	20
Twin Pack	48 x Lge	—	—	10.56	.30	10.32	.29	20
day nurse	12 x Fmly	—	—	9.00	1.04	8.76	.99	20
	6 x 160ml	6.18	1.55	5.25	RPM	5.15	RPM	54
Harmony Hair Colourant (All Colours)	6	3.126	.79	2.58	.59	2.46	.57	20
Hairspray (All Types)	12 x Std	5.94	.75	4.32	.49	4.14	.47	17.65
	12 x Lge	8.476	1.07	6.12	.69	5.94	.67	17.65
Kleenex Toilet Tissue (All Colours)	12 x Twin	4.92	.61½	3.70	.43	3.63	.42	20
Kitchen Towel (All Colours)	12 x Twin	6.764	.85	5.59	.65	5.49	.63	20
Kotex Sylphs	24 x 10	9.261	.58	7.39	.43	7.25	.42	20
Simplicity No. 1	12 x 20	10.06	1.26	8.18	.94	8.03	.92	20
No.2	12 x 20	10.98	1.37	9.00	1.03	8.84	1.02	20
Mini Pads	12 x 10	3.71	.46	2.87	.33	2.82	.32	20
	12 x 20	7.09	.89	5.35	.61	5.25	.60	20
loving care Hair Colourant (All Colours)	3	2.784	1.49	2.19	1.05	2.13	1.02	25
matey MISS MATEY Bubble Bath	12 x 340ml	6.93	.88	5.23	.60	5.13	.59	20
Bubble Bath	12 x 340ml	6.93	.88	5.23	.60	5.13	.59	20
night nurse	6 x 160ml	6.18	1.55	5.25	RPM	5.15	RPM	54
PALMOLIVE Rapid Shave (All Types)	6 x Std	3.27	.82½	2.55	.59	2.49	.57	20
Shave Cream (All Types)	12 x Lge	6.00	.72½	4.68	.54	4.56	.52	20
	12 x Giant	8.19	1.00	6.48	.74	6.36	.73	20

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VANTAGE MEMBER PRICE £18.24 Sell at 52p

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Product	Size/Pack	Normal R.S.P.	Vestric Offer R.S.P.	Vantage R.S.P.	Profit on Cost %
Dr. White's Size 1	48 x 10	—	17.52	.50	.48
Dr. White's Size 2	48 x 10	—	18.96	.55	.52
Head & Shoulders Lotion (All Types)	12 x 100ml	—	5.40	.62	.59
(Twin Pack)	12 x 150ml	—	7.26	.83	.80
	6 x 300ml	—	10.32	2.37	2.26
SR Toothpaste	36 x Lge	13.57	7.74	.29	.28
	12 x Econ	6.50	3.72	.42	.39

Product	Size/Pack	Normal R.S.P.	Vestric R.S.P.	Vantage R.S.P.	Profit on Cost %
PALMOLIVE Shave Sticks	30	6.40	.30	4.35	.20
Rennie	36 x 12	5.70	.23	4.52	RPM
	24 x 25	6.97	.44	5.54	RPM
	12 x 50	5.85	.76	4.65	RPM
	12 x 100	8.533	1.09	6.77	RPM
SURE Antiperspirant Aerosol (All Types)	12 x Lge	9.15	1.13	6.48	.75
	6 x Econ	5.63	1.39	3.96	.91
Twice as Lasting (All Types)	12 x 2 App	4.51	.60	3.78	.45
	6 x 6 App	4.51	1.20	3.78	.90
WILKINSON DER/Blade Swivel Razor	50 x 5	20.59	.62	17.00	.47
	20 x 5	8.90	.67	7.35	.51
				16.68	.46
				7.21	.50
					20

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CD12

Antineoplastics

Continued from p1150

those of the breast and colon, does not show much improvement.

Reports on the use of interferon are mixed, but a series of papers from doctors in Yugoslavia who used a crude human leucocyte interferon preparation given mainly by localised administration are encouraging. Benefit from the product occurred in cases of cancer of the head and neck, cervix, and in melanoma. (*Lancet* Ikie D et al. 1981 **1** 1022).

An attempt to increase drug contact time with the tumour has been reported (Kala T. et al. *Journal of the American Medical Association* 1981 **245** 1123). The method involved the infusion of a saline suspension of mitomycin-containing microcapsules. The latter were made of inert ethylcellulose and of such a size to block small arteries. Theoretically the infusion takes the drug direct to the tumour site, where the microcapsules disintegrate with a slow release of the drug. The capsules also produce a temporary arterial occlusion, having a direct effect on the tumour and with the reduced blood flow there is a slower elimination of the mitomycin. In 56 patients with advanced tumours the method gave reduction of more than 30 per cent in 65 per cent of the tumours together with reduction of pain, anorexia and haemorrhage.

Etoposide (Vepesid), a semi-synthetic derivative of podophyllotoxin, is a new agent for the treatment of carcinoma. It may be used alone or in combination therapy and is given either orally or by intravenous infusion. The dose is limited by its toxic effect on the bone marrow. Alopecia occurs in some 50 per cent of patients while nausea and vomiting are the chief gastric side-effects. The use of etoposide is restricted to centres with experience of the application of chemotherapy to malignant disease.

Research into the use of oral delta-9-tetrahydrocannabinol (THC) as an anti-emetic in cancer patients receiving cytotoxic drugs continues at several UK hospitals. THC is the main active constituent of cannabis and is imported under special licence from Israel. Clinical trials are also being conducted with levonantradol, a synthetic cannabinoid.

Advanced cancer sufferers often develop large amounts of fluid in the peritoneal and pleural cavities, a condition known as malignant effusion, which causes distension, pain and difficult breathing. Various palliative treatments are in use and have recently been supplemented by a preparation of inactivated *Corynebacterium parvum*. It

is supplied in a freeze-dried form which after reconstitution is injected into either the pleural or peritoneal cavity following drainage of the fluid. How the preparation, known as Coparvax, works is at present not clear, but it is believed to involve a local irritant effect and possibly an immunomodulating action. There is no action on the neoplasm but the comfort of the patient is much improved.

lesser ability to cause side-effects. The dosage of ranitidine is a tablet of 150mg morning and night for four weeks and if prolonged maintenance therapy is called for one bedtime dose of 150mg is advised. Where oral administration is inappropriate, the product is available in ampoules of 50mg in 5ml for intravenous injection or infusion.

The theoretical idea that cimetidine might cause gastric cancer by reducing stomach acid thus increasing production of nitrosamine-producing bacteria, is also applicable to ranitidine, but long-term animal studies have failed to reveal any such effect. Nevertheless, work on another H₂-blocker, tiotidine, has been abandoned because of cancer in animals; it is believed however to have been due to an inherent property of the drug itself and not to the lowering of gastric acidity.

Another substance for the treatment of peptic ulcer, already marketed in Japan, is now being studied clinically in comparison with cimetidine. This compound is sulcralfate, which is said to form a complex with proteins at the ulcer site which binds to the ulcer to give a barrier protecting the ulcer from the action of pepsin.

Anti-inflammatory agent

Zomepirac (Zomax) is an analgesic, claimed by its manufacturers to be the first oral non-narcotic agent comparable in activity to the narcotic analgesics. The efficacy of zomepirac is, like other anti-inflammatory analgesics including the salicylates, due to the inhibition of prostaglandin synthesis at the injury site which in turn decreases the sensitivity of pain receptors to bradykinin; it is also believed that there is inhibition of prostaglandin synthesis in the spinal cord and the brain.

The dosage of this new analgesic is a 100mg tablet every 4-6 hours as required. Pain relief usually commences within 30 mins with a peak effect in 1-2 hours. Zomepirac should be given under careful supervision to patients with a history of peptic ulceration and gastro-intestinal bleeding or disorders of blood coagulation. Nausea, diarrhoea, abdominal pain and dyspepsia are the commonest side-effects. Other anti-inflammatory compounds under investigation are isozeprac and nabumetone.

Treatment of peptic ulceration

In our 1980 review, a substance having equivalent activity to cimetidine in the management of peptic ulcer was mentioned. This agent, ranitidine (Zantac) has now been marketed. Cimetidine has been in use for five years and has proved very effective in relieving pain and healing ulcers but its use causes occasional side-effects, such as an anti-androgenic effect leading to gynaecomastia, confusion in the elderly and interaction with other drugs including anticoagulants and diazepam.

Ranitidine differs chemically from cimetidine being a furan derivative as opposed to an imidazole compound based on the histamine molecule. The makers think the new agent has a greater selectivity for gastric H₂-receptors and a

Miscellaneous products

In Paget's disease of the bone, there is thickening and softening of the bones which lead to deformity. Hitherto the disease has been treated by injections of calcitonin and analgesics but there is now an oral agent, etidronate sodium (Didronel) which, although it does not reverse the disease process can lead to long periods of remission. A course of 5mg/kg daily for six months has been reported to give remission lasting up to two years. The drug is thought to act by absorbing hydroxyapatite, the calcium compound of bone, so preventing the hydroxyapatite crystals dissolving, thus preventing further crystal growth and the abnormal bone turnover of Paget's disease.

Etidronate is supplied as tablets of 200mg and should be given in an initial dosage of 5mg/kg daily. The drug is given in a single daily dose between meals. Higher doses of up to 20mg/kg daily may be used but for no longer than three months as the risk of fractures may be increased. Etidronate is excreted unchanged via the kidneys, so patients with renal impairment should be given it with the greatest care.

Cushing's syndrome is due to prolonged hypersecretion of cortisol, arising either from an adrenal tumour or

from adrenal glands rendered overactive by hypersecretion of corticotrophin. Primary aldosteronism is caused by overproduction of the adrenal corticosteroid aldosterone. Now a substance which reduces the production of both cortisol and aldosterone has been made available; this is trilostane (Modrenal). Trilostane acts by competing for an enzyme 3-beta-HSD, a substance essential for steroid production in the adrenal cortex. This new substance controls the symptoms of excess steroid production and allows the patient to become fitter and so able to withstand the surgery necessary for the removal of the tumour which is the commonest cause of these conditions. The dosage of trilostane is one 60mg capsule four times a day for at least three days; the normal dosage is 120-140mg daily in divided doses.

Gallstone dissolution

Cholesterol gallstones arise through the bile becoming supersaturated with cholesterol. A new drug, ursodeoxycholic acid (UDCA) with the brand name Destolit has recently been marketed for the dissolution of such gallstones. Like chenodeoxycholic acid (CDCA) which has a similar action it is a naturally occurring bile acid, differing structurally only in the position of an hydroxyl group. UDCA and CDCA act by lowering the cholesterol content in bile and thus rendering supersaturated bile unsaturated so that gallstones can dissolve. UDCA has the advantage of CDCA in that it rarely produces diarrhoea, which is dose-related in some 50 per cent of those taking CDCA.

Treatment with UDCA is successful in about 80 per cent of patients within 6-24 months administration. UDCA is supplied as white tablets containing 150mg with a daily dose of 450-600mg according to bodyweight given twice a day after meals — one dose should always be taken after the evening meal. Treatment should be monitored by regular cholecystography and continued for 3-4 months after radiological disappearance of the stones; a low cholesterol diet is likely to increase the chances of success.

Long-acting bronchodilator

Reprotoleterol (Bronchodil) is a sympathomimetic agent with a highly selective beta-adrenoreceptor stimulating action, which on account of its selectivity can be used to treat sufferers with bronchial asthma who have co-existing cardiac disease or hypertension. It has a long duration of action of at least six hours which is especially useful at night. Reproterol is supplied as a metered-dose aerosol unit, each dose of which gives 0.5mg of the drug and as tablets of 20mg. The dosage for adults by inhalation for acute bronchospasm is one or two inhalations every 3-6 hours as required, while for prophylactic use the dose is two

inhalations thrice daily. When given orally the dose is one tablet three times a day; children aged 6-12 years should be given half these doses. Caution is necessary in giving reproterol to patients already on sympathomimetic agents and it should not be used concurrently with beta-blocking drugs.

For the treatment of certain types of hyperlipidaemia a new compound — bezafibrate (Bezalip) — has recently been introduced. In some patients the abnormality of high blood lipid level cannot be controlled by diet alone and the new agent is advised in such cases provided the long-term risks warrant its use. Bezafibrate is given in a dosage of one 200mg tablet three times a day with or after meals; maintenance therapy should be continued as necessary, but terminated after six months if no satisfactory response has been obtained. Contraindications include hypersensitivity to the drug, severe hepatic failure or primary biliary cirrhosis, and severe kidney disorders. It should not be given to pregnant or nursing women; caution is needed in patients stabilised on anticoagulants, initially the anticoagulant dose should be halved and then titrated to meet the patient's need.

Vitamin A analogue

It has been known for some years that natural vitamin A has an influence on keratinisation of the epidermis but because of its serious effects in high doses on the central nervous system and bone it has not been used in skin conditions. However vitamin A analogues, known as retinoids, have been studied clinically. One of these, etretinate (Tigason) has recently been made available for the treatment of severe resistant psoriasis and congenital ichthyosis. Etretinate is an aromatic retinoid ethyl ester which still possesses some of the toxic effects of vitamin A and because of this its use is confined to hospitals where regular monitoring is available for the treatment of severe cases in which the potential benefit of therapy outweighs the hazard of toxic reactions.

Good response has been reported in about 66 per cent of such patients treated with etretinate. Dosage is individual, ranging between 50-75mg per day given orally, as capsules containing 10 or 25mg, for 2-4 weeks. This dose may be gradually increased to obtain an adequate effect followed by a gradual reduction. Side-effects are frequent and include dryness of mucous surfaces, alopecia and shedding of uninvolved skin. The main hazard of etretinate treatment is related to its potential teratogenicity so that strict long-term contraceptive precautions must be observed in women of child-bearing age.

Etretinate is ineffective in acne, but another analogue, 13-cis retinoic acid has been reported to give encouraging results in cases of severe, treatment-refractory acne (Jones H. et al. *Lancet* 1980 **2** 1048). Further studies are in progress and

marketing of this compound can be anticipated in the not too distant future.

New benzodiazepine

Only one new benzodiazepine has become available in the current year, that is lormetazepam (Noctamid). This substance is for the short-term management of insomnia, including difficulty in falling asleep and for frequent nocturnal awakenings. It has a duration of action of 6-8 hours and does not have active metabolites, both properties leading to an absence of accumulation and hangover problems. Lormetazepam is supplied as tablets of 0.5 and 1mg; dosage is 1mg at bedtime and 0.5mg for elderly patients. These doses may be doubled if required. Headache, drowsiness and dizziness are reported side-effects and patients must be warned of the possible risk of drowsiness or dizziness while driving.

A series of benzodiazepine antagonists has been discovered, which antagonise the central actions of the benzodiazepines. One of the compounds, Ro 15-1788 has been tested on human volunteers and found to be well tolerated and free from intrinsic pharmacological activity. Hunkeler W. et al. (*Nature* 1981 **290** 514) suggest that the discovery of this group is analogous to that of the opiate antagonists; the compounds may be of use as benzodiazepine antidotes for the immediate reversal of their central effects in cases of overdosage. ■

WESTMINSTER REPORT

Scripts under £1

In the past three months approximately 2.25 million prescriptions have been dispensed for which the individual total cost to the NHS was less than the prescription charge imposed, Dr Gerard Vaughan, the Health Minister, told Mr Peter Hardy in the Commons last week. ■

Open FPC meetings

Mr Dafydd Wigley asked the Secretary for Social Services if he would take steps to ensure that the public and the Press could attend and listen to the deliberations of Family Practitioner Committees.

Dr Gerard Vaughan, in a written answer, said that legislation was being sought to change the status of FPCs to that of independent health authorities. As such, they would be subject to the Public Bodies (Admission to Meetings) Act 1960 and be required to admit the public and the Press to those parts of their meetings which did not deal with confidential matters; many FPCs already did this. ■

Pharmacist on the dole: Part 2

by Allon J. Wilson MPS

Last week the author reminisced over his progress from errand boy to scholar, apprentice and pharmacy student. In this concluding article he describes how he emerged triumphant as a pharmacist only to find there was no work for him to do.

When it came to taking "part two" the original plan of going to Bloomsbury Square was abandoned. This was to be no Cook's tour. Having been to Edinburgh for "part one", familiarity with the Society's premises and laboratories was a real asset. Further visits to the Botanical and Zoological Gardens were attractive too.

That summer was spent revising hard and cramming, and it was not until October that the writer felt adequately prepared. Times were hard (as now). So few passed at first attempt. Most seemed to get referred in one subject or another and there was no money for two tries.

The examination took several days and we were taken in batches of eight students for practical subjects. There was a greatly feared prescription book of genuine but most wretchedly scrawled doctors' prescriptions which we were required to decipher accurately. *Materia medica* specimens had to be identified and discussed face to face with the examiner. One specimen proved problematical despite the closest scrutiny but when a portion was tasted and well-chewed the expression on the examiner's face quickly confirmed belladonna root. He advised a strong cup of coffee and cut the interview short.

At the end of the last day, at five o'clock, each batch of students was allowed to enter through the Society's front door. Each gave the porter two shillings and sixpence to go and find out the results. We sat on a bench in the dimly lit entrance porch and waited. When he returned and called the writer's name first of all — Oh joy! Success! But the seven others were all required to take one subject again or had failed.

Millions out of work

The triumphant return to Blackpool was short-lived. There was no work to be got, even for the skilled. Millions were unemployed. Our mother continued to provide food and a bed. There was no alternative. One had to sign on at the Labour Exchange for the dole. The first official seen categorically refused any money whatsoever because a perfectly good job had been thrown up voluntarily (to go to college).

It was decided to go back to the previous employer and ask for the old job back and at the wage of two pounds a week. He was a very kind pharmacist and explained that he had kept on his large

summer staff with little or nothing for them to do, simply to save them and their families from the dole. He could not take on more. He was a Freemason and in the best of tradition wrote to the manager of the Labour Exchange, also of the fraternity probably, and a regulation was found under which as a single man 16 shillings a week would be paid.

Every effort was made to find work without success. One had to attend to "sign on" twice a week, which prevented one going away to look for work elsewhere. Men lined up six abreast in queues to get their money at the Labour Exchange but professional people had a special queue — only two abreast!

Politics hardly entered our young lives. We vaguely felt that the money men had caused most of the depression. We knew that the mounted police in London had been set on the hunger marchers by a Government in panic. Then our dole was cut by Ramsey McDonald from 16 shillings to 15 shillings and threepence — so much for Socialism! And the Communists wanted the threepence for their party! One learned hard lessons quickly.

It was then decided to accept any job whatsoever. The Labour Exchange was informed accordingly and shortly afterwards the newly qualified pharmacist was sent along with two other men to the depot for work as tram drivers. Looking at the others, the smart young man felt confident. The foreman at the depot said that there were only two jobs going. Were any of us married? The other two qualified and the jobs went to those with families. Who could quarrel with that?

Solace abroad

The months went by. Every *Pharmaceutical Journal* was eagerly scrutinised. Letters were written applying for every remotely possible job. Eventually, of course, work was found which led to all the adventure ever dreamed of in the Raj, remote jungles, deserts in Africa and the Soviet Union and round the world a couple of times. ■

LETTERS

Support for Council

There have been numerous occasions when I and many of my fellow pharmacists have not hesitated to slate our Council for "dodging the issue." On the present occasion of their courageous stand in sponsoring a refusal to avoid further the question of bulk prescribing I feel that we must equally express our admiration of their action and demonstrate our unanimous support.

To our Mr Fainthearts, let us say: "There is no other way. For far too long we have seen repeated instances of bad faith on the part of the Department when big brother Mr Bureaucrat of Whitehall will sell short anyone rather than face up to the medical profession."

So the high gods of Olympus are not willing to change their prescribing habits? Why not, who do they think they are?

There are none so stupid as those who do not wish to learn, including our revered Prime Minister who must realise more than most that repeatedly raising the prescription levy achieves absolutely nothing as regards restricting waste. It merely means that a certain section of the medical profession (and to be fair it is by no means the greater part) will prescribe six month's treatment instead of three.

While our Council is filled with the zeal of righteousness, could they not give us a further lead in stating their wholehearted support for any pharmacist who refuses to dispense another type of "hidden" bulk prescribing. I refer to the iniquitous practice of some doctors in prescribing for several members of the family on one form. I have recently refused two such prescriptions and sent them back with a request to rewrite where a certain worthy gentleman had prescribed a quadruple quantity of tablets on one child's prescription. I pointed out that it appeared to me that he could unwittingly be placed in the position of an accessory before the fact, and myself (if I knowingly dispensed them) as an accessory after the fact of a conspiracy to defraud the Government, as in both cases two of the supplies were for two parents, both of whom should have been paying the prescription levy. I enclosed the PSNC form and to ensure the FP10 was not just taken elsewhere, stamped it.

Edwin Evens
Fordcombe, Kent

Exemptions

I draw your readers' attention to the enclosed two items from the *Daily Telegraph*. The first, dated December 4, contains a statement given to the newspaper's Health Service correspondent by the Pharmaceutical Society's director of public relations. The

second, from the December 9 issue contains his apology, in the form of a letter to the editor. [The statement concerned the increase in prescription charges and indicated that diabetics were among the long term sick who would be hit hard; the letter said diabetics receive exemption — Editor].

I find it disquieting that such an elementary mistake should be made when any practising retail pharmacist could have provided more accurate information. It is unfortunate too, that even the apology could be misconstrued as implying that all diabetes sufferers automatically receive exemption.

This is not so — exemptions must be applied for on the requisite form and duly countersigned by the patient's doctor before forwarding to the local FPC. Indeed, as many pharmacist can attest, patients with the long term conditions specified for exemption are often unaware of their rights and learn about them only from their pharmacist.

John S. Reynolds
Chairman,
Kensington, Chelsea & Westminster
Pharmaceutical Committee

Computer error

May I avail myself of your columns in order to warn other pharmacists about the dangers of relying on computer pricing?

While checking against our statement an invoice dated October 5, due for

payment on November 30, I noticed that there was a discrepancy which to me stood out like a sore thumb, but had passed everyone else by completely. One particular line had been charged at 85p plus VAT in the unit cost column, with a recommended retail price of 68p in a parallel column.

On querying this with the wholesaler concerned they explained that it was an error in programming the computer. The computer programmer had added the profit margin to the retail price by mistake, to arrive at the unit cost price. With the large number of price increases they receive, undoubtedly there will be occasional errors and we should be on the look out for them. It is surely a matter for concern that the discrepancy had not been detected earlier. Obviously this item had been charged incorrectly to all retailers for 7½ weeks, the interval between the last price increase (co-incidentally the same day as our order) and the day I contacted the wholesaler.

Were it not for the fact that I have the "pleasure" of checking our invoices prior to payment, this situation might have gone unremedied until the next price increase.

Retailers — how many of you have lost out? In this case by £4.60 per dozen! And wholesalers — how about a computer-pricing checking procedure? This would not only help to eliminate pricing errors, but could also be used to ensure that the retailer's profit margins were safeguarded. I am sure that this is

within the scope of our national wholesalers and it is certainly in their interests as much as ours.

The number of errors which occur may be small but they do add up. Errors do occur. If we fail to notice them, or act on them, it is our loss. So be warned — check your invoices. The computer is only as good as the hand which feeds it and therefore, like humans, can never be completely infallible.

Susan I. Gerstle
London E17
C&D's Price Service computer incorporates checks along the lines suggested — a negative profit margin would be highlighted as an "error," for example.

Babyfood shares

Having seen the "News in Brief" item in *C&D* November 28, I am sorry to note that the value of the baby foods market is still incorrectly stated. Sales of all prepared baby food, including milk, baby meals, rusks, juices, etc, are estimated by Mintel to be worth £103m.

Prepared baby meals, as the major segment, are expected to total £50 million by the end of 1981 and Heinz have a dominant 63.8 per cent share of the total sales in this sector. In independent chemists Heinz accounts for 52.2 per cent of baby meal sales.

M.J. McBride
H.J. Heinz Co Ltd

DEPARTMENT OF HEALTH, IRELAND MARKETING OF PROPRIETARY MEDICINAL PRODUCTS

Notice to Pharmaceutical Companies

Under the European Communities (Proprietary Medicinal Products) Regulations 1975 persons or companies marketing any of the following classes of medicinal products, require authorisations for such products if they are to remain on the market after 1 April 1983 viz.

1. Coagulation, blood protein and substitutes, vitamins, anti-protozoals, fungicides, anthelmintics, diagnostic agents, drugs acting locally, and
2. Miscellaneous — not included in any other category specified in the Schedule to the Regulations.

These represent the final categories in the review programme applicable to all proprietary medicinal products which were on the market prior to 1 October 1974. They also include such products as herbal medicines, electrolytes, intravenous solutions, etc.

Applications for product authorisations for the above-mentioned products (and for any other proprietary medicinal products not already the subject of product authorisations or of applications for such authorisations) should be made to —

**SECRETARY,
DEPARTMENT OF HEALTH,
FOOD AND DRUGS DIVISION,
Hawkins House, Dublin 2.**

Telephone No. 714711. Ext. 93. Telex 24894.

In order to ensure that product authorisations are held by the commencement date viz. 1 April 1983 applications should be submitted as early as possible and preferably not later than 1 April 1982.

DEPARTMENT OF HEALTH, IRELAND MARKETING OF PROPRIETARY MEDICINAL PRODUCTS

HERBAL MEDICINES

The attention of persons engaged in the marketing of Herbal Medicines is drawn to the fact that, under the European Communities (Proprietary Medicinal Products) Regulations 1975 (S.I. No. 301 of 1975) and with effect from the commencement dates set out in the Schedule thereto as respects the various classes of proprietary medicinal products, any product placed on the market under a special name and in a special pack and presented —

- (i) for the treatment or prevention of disease in human beings, or
- (ii) for restoring, correcting or modifying physiological functions in human beings,

shall **not** be placed on the market without an authorisation from the Minister for Health.

Applications for product authorisations for the above-mentioned products (and for any other proprietary medicinal products not already the subject of product authorisations or of applications for such authorisations) should be made to —

**SECRETARY,
DEPARTMENT OF HEALTH,
FOOD AND DRUGS DIVISION,
Hawkins House, Dublin 2.**

Telephone No. 714711. Ext. 93. Telex 24894.

In order to ensure that product authorisations are held by the latest date viz. 1 April 1983 applications should be submitted as early as possible and preferably not later than 1 April 1982.

NEB investment in blood proteins biotechnology

The British Technology Group and Prutec are to invest £4 million jointly in Speywood Laboratories, the British company which develops specialised blood factors. The National Enterprise Board (part of the BTG) and Prutec, a subsidiary of Prudential Assurance, will each take 25 per cent of the company's equity shareholding.

The investment will enable Speywood to expand and accelerate its five-year research and development programme in the areas of blood fractionation and genetic engineering. Since its formation seven years ago, Speywood has developed fractionation technologies, for the commercial production, at high yields, of very pure porcine and human blood

proteins for use in replacement therapy. The company's Wrexham factory is currently fractionating 3,000 litres of pig's blood every week and this will rise to 20,000 litres a week in two years' time.

As part of the expanded programme, a further 20,000 sq ft will be added to the factory to house extensive research facilities. This will include the first commercial human blood fractionating unit to be established in the UK. A major part of the programme is an investigation into the viability of genetically engineered blood proteins. A team has already been set up, comprising geneticists, technologists and clinicians, at Oxford and London Universities, AERE, Harwell, the Royal Free, and Royal Hallamshire hospitals. ■

Tudor install film lab in Nigeria

The Tudor Photographic group has recently completed the installation and equipping of a modern film processing laboratory for Nigerian industrialist Alhaji Lema Jibrilu, and his company Halewa Photo Centre Ltd, in Kaduna, Nigeria.

The new two-storey laboratory will provide photofinishing services for all northern states, an increasingly important market in Nigeria as government and commerce decentralise from Lagos.

The £250,000 contract for planning, equipping and installation of the

laboratory was completed by Tudor Consult division. "The equipping of the laboratory in Kaduna is an important investment for Tudor Export, as Nigeria is a major growth market for photographic services and products," said Hugh Macpherson, export director of Tudor.

"We have established a smaller scale Tudor processing operation in Nigeria, complete with a strong dealer network, designed to provide the same fast D&P service offered in the UK."

The Halewa laboratory will be in full production by February 1982, at the time of the Kaduna International Trade Fair, where Tudor Export will participate with Halewa in a major launch for all their photographic products. ■

Japanese licensing deal for Beecham

Beecham Proprietarys have signed a licensing agreement with the Sunstar consumer group to allow Sunstar to produce Aquafresh toothpaste in Japan. The initiative for the venture came from Beecham who felt it would be easier to launch the product through a group with major connections in the country, rather than their pharmaceuticals subsidiary.

Sunstar believe that the brand will capture 10 per cent of the toothpaste market in the next three years, and have spent £2 million on a plant at Osaka. Beecham have put no money into the project although they have helped with marketing and production. Payment will be on a royalty basis. ■

Sterling-Winthrop move to Guildford

Sterling-Winthrop Group is to move its administrative headquarters from Surbiton to Guildford. The first stage will take place in January when the group's accounting legal and administrative departments will occupy a recently-completed office block in the centre of Guildford.

The second stage of the relocation is planned for Spring, 1984 when the operating divisions — Sterling Health, Winthrop Laboratories, Sterling Research Laboratories, Winthrop Pharmaceuticals and Sterling-Winthrop Research and Development — will occupy premises to be built alongside the "phase one" office block. The company's new address after January 11, 1982, will be: *Sterling-Winthrop House, Onslow Street, Guildford, Surrey (telephone: 0483 505515)*. ■

Drug imports ban

The Home Office has received further notifications of countries banning imports of certain psychotropic drugs: Chile — glutethimide, mecloqualone, *methaqualone*, *phencyclidine*, *phenmetrazine*, SPA (lephetamine). Colombia — *methqualone*. Turkey — amfepramone (diethylpropion), *amphetamine*, *dexamphetamine*, *methamphetamine*, *methylphenidate*, *phendimetrazine*, *phenmetrazine*, phentermine, *pipradol*.

The prohibitions also apply to the salts of these substances and to preparations containing them. Substances in italics are subject to export licensing controls under the Misuse of Drugs Act 1971. ■

Madelaine Hay, product manager for Baratol, talks about the drug to visitors calling at Wyeth Laboratories' stand at the recent Cardiac 81 Exhibition at Wembley



Sangers to 'go into profit' in 1982 with direct order entry

Sangers expect to have their computer-based direct order entry system fully operational in all 14 branches by the end of 1982 — a full testing programme will run in the first half of the year and the trial of a full OTC PLOF will continue simultaneously at the Mitcham branch.

Mr Crawford Graham, chief executive, in outlining the company's progress over the past two years since he took over said: "Sangers new management team has been doing a devil of a lot within the tight confines of a profit and loss account in this time of recession."

"At our branches there is now a much better understanding of the business and they are much more efficient with service levels targetted at a maximum of 5 per cent out of stocks on ethicals and between 10 and 15 per cent on OTC lines. Branch managers have a specific personal knowledge of each customer and the status of their account and they positively seek out new business."

Mr Graham believes that the wholesaling market has now polarised with average accounts being offered much the same in the way of discounts and service by the various wholesalers. Only the major retail customers are likely to move from wholesaler to wholesaler: "The competition at the top end seems to get tighter."

Mr Graham said Sangers were not looking to vastly increased sales to improve their profitability but: "Our cash flow has been enormously helped by the sale of our optical division and will benefit very significantly from the cash savings

that direct order entry will introduce.

"Although our pharmaceutical wholesaling division is still trading at a loss I anticipate that during the year we will go into profit — always assuming that margins hold up."

Mr Graham pointed out that the company were now back on line in concentrating on pharmaceutical wholesaling. "At the start of the RPM breakdown we believed that we should not go for volume, but aim to give service as a strong number two wholesaler. We also diversified into optics.

"With the sale of our optics business we are now dedicated to survive in the pharmaceutical wholesaling market place."

Sangers are also extremely concerned at the position of the industry in general and will be actively supporting the National Association of Pharmaceutical Distributors in trying to improve the lot of pharmaceutical wholesalers.

An article in last week's *Marketing Week* says that the City expects one of two things to happen to Sangers in the next two years: "... either the group could go bust or it will be bought by someone who can bail it out." They point out that in July, Mr Tom Whyte of Paget Agencies, acquired 18 per cent of Sangers, paying 80p a share.

They suggest that there may be a £3 million cash flow deficit by the end of the year in spite of the sale of Sangers optical division to Dolland and Aitchison for £5.7m and the continuing success of Image, a photographic voluntary group: "the largest photographic wholesaler in the country".

"This division is doing pretty well and the City applauds the group's imagination in setting up Image."

The article says Sangers' market share has fallen "over the past two years from 17 to 13 per cent". ■

complete.

Higher among crude drugs were aloes, all the balsams, ipecacuanha, liquorice root, lobelia and most aromatic seeds. Benzoin was sharply down.

Dearer among essential oils were bois de rose, eucalyptus, patchouli and Brazilian *arvensis*. Lemongrass and Ceylon citronella were the only oils to record a loss.

Kaolin is due to rise at the beginning of the New Year. ■

Pharmaceutical chemicals

Aluminium hydroxide: BP dried gel £1.70 kg in 200 kg lots.
Amylobarbitone: Less than 100-kg £19.11 kg; sodium £21.59.
Ascorbic acid: (per kg) 25-kg £5.67; 500-kg £5.30-£5.41 as to source; coated £5.86 — (25-kg lots).

Atropine: (per kg in ½-kg lots) Alkaloid £200.50; methonitrate £179; sulphate £169.90.

Cocaine: Alkaloid £874 kg; hydrochloride £789.

Ergometrine maleate: £6.36 in 50-g lots.

Ergotamine tartrate: £4.25 g in 50-g lots.

Folic acid: 100-kg lots from £63.76 kg.

Formic acid: per metric ton delivered in 4-ton lots, 98 per cent £400; 85 per cent £334.

Glycerin: In 250-kg returnable drums £860 metric ton in 5-ton lots; £885 in 3-ton lots.

Kaolin: From January 2: BP natural £181.25 per 1,000 kg; light £189.10 ex-works in minimum 10-ton lots.

Methadone hydrochloride: £330 per kg. Subject to Misuse of Drugs Regulations.

Noscapine: Alkaloid: £33 kg for 100-kg; hydrochloride £36.30.

Opiates: (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations — Codeine alkaloid £600-£604 as to maker; hydrochloride £520; phosphate £460.50-£462; sulphate £520.

Hospital first for Vestric

Blackpool's Victoria Hospital is the first customer for Invest, Vestric's dispensary-based micro-computer system. The system provides management information on dispensing patterns by using data collected while prescription labels are produced. The installation worth about £6,000 comprises video display unit and keyboard plus processor and printer. ■

VAT form makes good reading

A pamphlet entitled "Filling in your VAT return," issued by HM Customs & Excise, has won the national Plain English Awards Competition. The competition is jointly organised by the Plain English Campaign and the National Consumer Council, and is intended to encourage the writers of official forms and letters to use good plain English and avoid confusing layout.

The pamphlet was prompted by the fact that about one in eight returns received contained an avoidable error, and was produced to coincide with the revised VAT return form (VAT 100) which came into use in October. Copies are freely available from any local VAT office. ■

■ **Smith Kline Animal Health Ltd** are to move from Welwyn Garden City to separate premises in Stevenage on December 23. The new address will be: Cavendish Road, Stevenage, Herts SG1 2EJ (telephone: Stevenage (0438) 67881, telex: 826433, cables: ESKAYEF, Stevenage).

Diamorphine alkaloid £821; hydrochloride £748.
Ethylmorphine hydrochloride £585.50-£591. Morphine alkaloid £667-£668; hydrochloride and sulphate £544-£545.
Vitamin A: (per kg) acetate powder ½ miu per g £17.55 (5 kg lots); palmitate oily concentrate 1 miu per g £17.27 (5-kg); water miscible £4.84 litre (6-litre pack).
Vitamin D2: Type 850 £49.50; type 80 £5.61 kg (25-kg lots).

Crude drugs

Aloes: Cape £1,560 metric ton spot; £1,540, cif. Curacao £2,900, cif.

Balsams: (kg) **Canada:** Short on spot, no quote; shipment £16.30, cif. **Copaiba:** £5.40 spot; £5.30, cif. **Peru:** £9.50 spot; £9.20, cif. **Tolu:** Spot £5.30.

Benzoin: £140 cwt, cif.

Ipecacuanha: Matto Grosso £33 kg, cif.

Kola nuts: £400 metric ton spot; £200, cif.

Lemon peel: £2,025 metric ton spot and cif.
Liquorice: Root, £560 metric ton spot; £590 cif. Block juice £1,400 metric ton spot.

Menthol: (kg) Brazilian £6.10 spot; £6.40, cif. Chinese £5.80 spot; £5.65, cif.

Seeds: (metric ton, cif). **Anise:** China star £1,850. **Celery:** Indian £500. **Coriander:** Moroccan £350. **Cumin:** Indian £925. **Fennel:** Chinese £550. **Fenugreek:** Moroccan unavailable; Indian £350.

Essential oils

Bois de rose: £8.60 kg spot; £8.25, cif.

Citronella: Ceylon £2.40 kg spot; £1.90, cif. Chinese £3.40 spot and cif.

Eucalyptus: Chinese £2.65kg spot; £2.60, cif.

Lemongrass: Cochin £4.75 spot; £4.40, cif.

Patchouli: Indonesia £16.75 kg spot; £15.95 cif.

Peppermint: (kg) Arvensis — Brazilian £6.20 spot; £6.05, cif. Chinese £3.50 spot and cif. American piperata from £13.

Petitgrain: Paraguay £8.10 kg spot; £7.80, cif.

Spearmint: Chinese £8.25 kg spot and cif. American £11.50 spot.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

MARKET NEWS

Falling pound hits prices

London, December 15: The big fall in the value of the pound against the US dollar during the past week pushed up many prices in the essential oil and crude drug sectors of the market.

Unless a reversal of that trend takes place very soon further increases are inevitable. The weeks immediately before the Christmas holidays and for many business houses their financial year end, are always a quiet trading period so the rates for a number of commodities were not tested last week. Thus, the increases recorded this week are far from being

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Business for sale

X1 — SUFFOLK — This delightful village pharmacy close to the Norfolk border offers charming living accommodation in 18th century property. Current turnover £125,000 per annum. Scripts average 2,250 per month. Freehold property for sale at £45,000 + stock at valuation. Offers for goodwill, fixtures and fittings around £30,000.

X2 — CHESHIRE / LANCASTER BORDER — This High Street pharmacy offers considerable scope for improvement by an energetic owner. Scripts average 1,500 per month, turnover £92,000 per annum. Freehold property for sale at £23,000. Goodwill, fixtures and fittings £8,000. Stock at valuation, £12,500.

X3 — DERBYSHIRE — High Peak. This nine-year-old large lock up unit on rent at £950 per annum was purpose built to serve a council estate of 5,000 people. Turnover in 1980 was £84,500 on scripts averaging 1,650 per month. Scope for diversification of counter trade. Fixtures and fittings £4,000, offers invited for goodwill, plus stock at valuation.

X4 — BIRKENHEAD — This old established pharmacy turnover is currently running at £120,000 plus per annum, based on 2,100 scripts per month. Property available for sale at £12,000 or lease at £40 per week. Goodwill, fixtures and fittings £20,000 plus stock at valuation.

X5 — LANARKSHIRE — Retirement vacancy lock-up Corporation property on rent £1,700 per annum, unopposed business established 26 years with turnover to May 31st 1981 just under £100,000 on an average 2,000 scripts per month. Goodwill, fixtures and fittings £10,000 plus stock at valuation.

X6 — TYNESIDE — Lock up pharmacy in pleasant residential area on rent at £1,150 per annum. Turnover to March 1981 was £87,782. Based on script 1,300 per month. Goodwill, fixtures and fittings £7,500, plus stock at valuation.

X7 — LINCOLNSHIRE — Good living accommodation is contained in these shop premises in the centre of a busy holiday resort on the Lincolnshire coast. Turnover is running at around £100,000 p.a. with excellent profits. Scripts average 1,550 per month, freehold property £23,000, goodwill, fixtures and fittings £15,000 plus stock at valuation.

X8 — NORTH EAST COAST — This privately owned pharmacy on a council estate is highly profitable and requires little capital outlay. The residential accommodation is to be retained by the owner. Business premises and fixtures on lease at £950 per annum plus stock at valuation approx £8,000. Turnover to 31st March 1981 £68,000. High value scripts average 1,100 per month.

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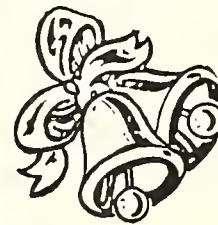
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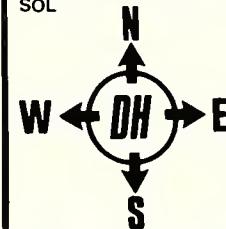
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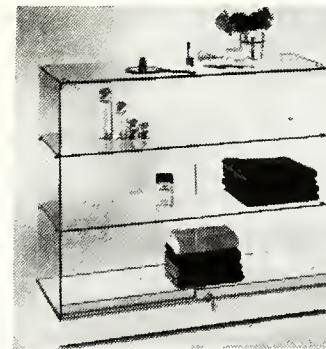
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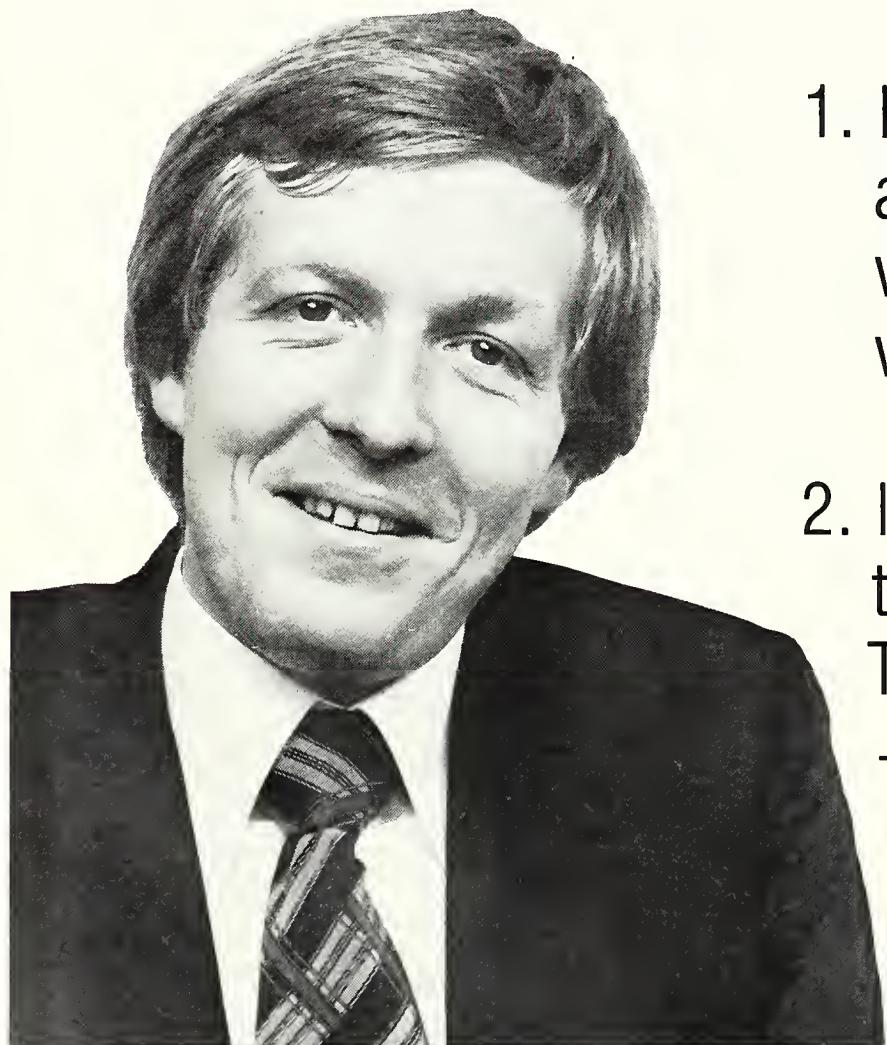
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